Keewatin Yatthé
Regional Health Authority

2011 - 2012
ANNUAL REPORT

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online at www.kyrha.ca

Keewatin Yatthé Regional Health Authority

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Wholistic Health of Keewatin Yatthé
Regional Residents

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Letter of Transmittal

To: Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan,

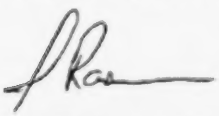
The Keewatin Yatthé Regional Health Authority is pleased to provide you and the residents of our northwest Saskatchewan health region with the 2011-2012 Annual Report. This report provides our audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2012.

Each and every day our dedicated employees focused their many skills and talents on the "Wholistic Health of Keewatin Yatthé Health Region Residents." From our clinic in Green Lake, to our regional headquarters in Buffalo Narrows, to our integrated health facility in La Loche, board members, administrators, support staff and front-line health care providers worked diligently to obtain best possible health outcomes for patients, their families and their communities.

We set off in many directions during the year. We travelled to Anchorage, Alaska to see how the Southcentral Foundation had transformed its care system to better serve customer owners. We journeyed deep into realms of new understanding through the Hoshin Kanri process in search of better ways to provide health care as effectively and efficiently as possible. And we drove hundreds upon hundreds of familiar kilometres, up and down and back and forth across this region delivering care, providing education and gathering input.

Our region is large, our population is sparse and our needs are always pressing. Sitting still is not an option.

Respectfully submitted,



Tina Rasmussen
Chairperson

INTRODUCTION

THIS ANNUAL REPORT presents the Keewatin Yatthé Regional Health Authority's activities and results for the fiscal year ending March 31, 2012.

The 2011-12 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned and for identifying how to build on past successes for the benefit of the people of the Keewatin Yatthé Health Region.

The health authority is solely responsible for preparation of the report, from the gathering and analysis of information through to the design and layout of pages. As a result, we are confident in the reliability of the information included within the report.

As for the rationale for selecting the few critical aspects of performance on which to focus — sick time, wage-driven premiums and WCB days — these are performance areas where reliable and comparable regional and provincial data is available on which to measure performance. Additionally, these are areas in which the health authority has not always achieved targeted performance.

It should be noted, because of population size, regional sample sizes are often deemed too small to be significant, leaving the region out of some provincial and national comparative measures.

ALIGNMENT WITH STRATEGIC DIRECTION

ORGANIZATIONAL FOUNDATION

PROVIDING FOR REGIONAL residents living in communities scattered across northwest Saskatchewan, the Keewatin Yatthé Regional Health Authority administers a patient-oriented health care delivery system focused on wholistic health and well being.

Mandate

Within a context of accountability to the creator, the Keewatin Yatthé RHA's mandate is drawn from:

- **Legislation**: Relevant federal and provincial acts and statutes;
- **Ministry of Health**: Policies and procedures;
- **Community**: Priority issues defined by community;
- **Partnerships**: Developed and maintained by the regional health authority.

Mission

Wholistic Health of Keewatin Yatthé Health Region Residents

Wholistic health is:

- **Inclusive**: Individual, family, community, region and the world at large;
- **Balanced**: Physical, mental, emotional and spiritual wellness;
- **Shared**: Personal health is tied to family/community health – as community/family health is tied to personal health;
- **Responsible**: Responsible individuals make better health decisions for themselves and their families, and participate more fully in community;
- **Focused**: On improving health and wellness of all
- **Unified**: Only one option – Working together.

Saskatchewan Health Regions

Principles

Adults — supported by extended family and local community — are responsible for their own health. To assist individuals, families and communities develop the knowledge, skills, abilities and resources to carry out this responsibility, KYRHA will act in accordance with the following principles:

- Show respect as a foundation for working together;
- Focus on healthy communities by emphasizing factors that build healthy individuals and families;
- Focus on healing in our own lives and in the lives of individuals, families and communities;
- Recognize in our programs, services and activities that spiritual healing is a significant component of wholistic healing, and support individual and family approaches to spiritual healing;
- Strive to create an attitude of responsibility and self-reliance in our people, our families and our communities;

- Support, strengthen and build upon the skills, knowledge and energy of our board, our staff and the people of the region so that we can work together towards our full health potential;
- Build on strengths, transform weaknesses and not violate our potential;
- Strive to meet the needs of our people in our decisions, programs and activities;
- Encourage and support healing initiatives of our people, families and local communities;
- Support community caring and traditional strengths in programs and activities;
- Utilize the skills, talents and abilities of local people as much as possible in all initiatives, programs and activities;
- Build on our existing community-based services;
- Strive for excellence in our quality of care, in the quality of our workplace and in the qualifications, skills and attitudes of our staff, no less than can be found in any jurisdiction, anywhere;
- Remain committed to developing and encouraging a spirit of cooperation with our northern health partners towards enhancing health outcomes at the regional and local level.

Values

KYRHA maintains and promotes respect as a primary organizational value and building block for the successful achievement of our wholistic health goals and objectives. By reflecting organizational values in daily actions, Keewatin Yatthé's 350 plus employees create a healthy work environment which is the starting point for delivery of best care and services to residents of the region.

- **Mutual respect**: Reflect high regard for unique abilities, talents, feelings and opinions of others;
- **Personal integrity**: Undertake one's duties and responsibilities openly, respectfully and honestly;
- **Self-belief and courage**: Meet challenges with confident ability; take responsibility with courage and conviction;
- **Collaborative work**: Build productive relationships with coworkers and stakeholders;
- **Accountability**: Take ownership in achieving desired results;
- **Empathy and compassion**: Practise non-judgmental listening and support that reflects caring and sensitivity in interactions with colleagues, patients, stakeholders and residents;
- **Honesty and trust**: Be straight-forward, open and truthful, take responsibility for one's actions.

Community Priorities

Within the scope of our mandate, mission and principles, issues-driven community-identified priorities shape the strategic direction of the health authority. These priorities fall into four areas:

- **Community healing** – including denial, unwillingness or reluctance to face problems or take action, to identify issues, to develop and implement solutions or volunteer; as well as lack of trust and issues of violence, poverty, housing and teen pregnancy;
- **Individual and family healing** – including parents unable to care for and nurture children, high levels of family breakdown and the decline of the family unit; lack of respect between generations; reliance on health workers to provide what should be self-care;
- **Program planning and implementation** – including diabetes and complications from the disease; sexually transmitted infections; mental health and addictions; retention of medical health professional services; support for the elderly; information and emphasis on spiritual wellness;
- **Existing activities and service outcomes** – including empowering people to take responsibility for their own health as opposed to creating dependence; greater team work between service providers; jurisdictional issues between treaty and non-treaty people, and among health services across the north; lack of understanding of the role of the board of directors.

Five Pillars of Health Care

HEALTH OF THE INDIVIDUAL

1. Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations
2. Achieve timely access to evidence-based and quality health services and supports
3. Continuously improve health care safety in partnership with patients and families

HEALTH OF THE POPULATION

1. Improve population health through health promotion, protection and disease prevention
2. Collaborate with communities, other ministries and different levels of government to close the gap in health disparities

PROVIDERS

1. Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices
2. Work together to create safe, supportive and quality workplaces
3. Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

SUSTAINABILITY

1. Achieve best value for money while improving the patient experience and population health
2. Improve transparency and accountability through measurement and reporting
3. Strategically invest in facilities, equipment and information infrastructure to effectively support operations

SUPPORTIVE PROCESSES

1. Benchmark and model world-class high-performing health systems
2. Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies
3. Leverage technology to achieve improvements in patient care and system performance

ON THE ROAD to providing "wholistic" health care programs and services to the people of northwestern Saskatchewan, the Keewatin Yatthé Regional Health Authority followed two guiding lights — two stars, one revolving around the other — the Ministry of Health's *Strategic and Operational Directions for the Health Sector in Saskatchewan*, and targets and measures based on the RHA's mission, mandate, principles, values and community priorities (see Organizational Foundation).

Alignment was seamless and reflected in all health authority activities and initiatives.

Health of the Individual

Believing individuals to be ultimately responsible for their own health, as well as the co-dependent health of family and community, KYRHA focuses program and service delivery on enhancing individual wellbeing — through adherence to high standards of care as well commitment to understanding and compassion. Within the scope of mandate, mission and principles, issues-driven community-identified priorities remain the ultimate shaping force for the strategic direction of the health authority.

Community issues were investigated and identified in 2011-12 through a series of face-to-face meetings, with RHA senior leadership accompanied by frontline providers meeting with community leaders across the region. Issues were also tracked through services reviews (e.g. La Loche Health Centre patient flow). Clearly and repeatedly community leaders and members pointed to a strong desire for patient-centred care; for care providers to develop better rapport with customers and to treat them with greater respect.

Health of the Population

Fully aware that the flood of downstream health care needs will continue to flow and swell without upstream modification of health behaviours and determinants, health promotion and community engagement is foundational to RHA strategic direction.

Reflected in all health region promotion and engagement initiatives, this alignment of action and effort with strategic direction drove formation of community youth health groups across the region, empowering young people to be catalysts and conduits for positive and lasting change in their own communities.

Providers

Of the five pillars KYRHA strives to uphold and enhance through alignment of strategic direction with fulfillment activities, creating safe, supportive, quality workplaces through development of a skilled and diverse workforce with a sufficient number and mix of service providers remains a challenge. The RHA continues to experience recruitment and retention issues, from executive director to front-line care provider positions.

To help bring foundational stability to its workforce, KYRHA joined the provincial recruitment mission to Ireland, finding the Emerald Isle to be a significant pool of highly skilled professionals from which to draw from over the next few years to help stabilize our workforce.

Sustainability

Sustainablity is both message and action, direction and driver in all the Keewatin Yatthé Regional Health authority does.

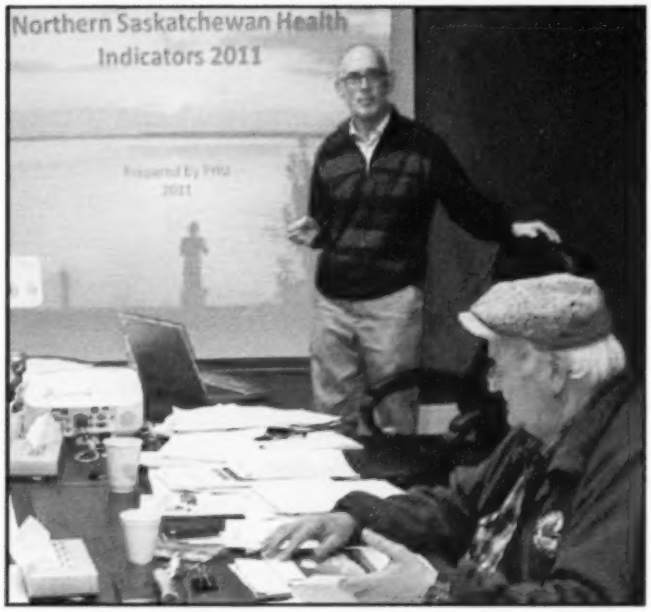
Purchase and deployment of patient lifting devices in 2011-12 was undertaken as a proactive step to protect clients and staff from injury as well as a safeguard against system debilitating time lost and additional costs, coupling commitment to quality of care with sustainable practices.

Supportive Processes

Already using Lean as a tool to increase quality of service while reducing cost, KYRHA joined the provincial Strategy Deployment initiative in 2011-12, supporting this initiative as an opportunity to align activities with strategic direction, not only in the development and deployment of efficient processes, but also in the empowerment of staff to take ownership and responsibility for these processes. (*More about Lean later in this report*).

FACTORS, TRENDS, OPPORTUNITIES and threats in the external environment that shape management decisions about strategy were exhaustively documented and detailed in 2011-12 in the *Northern Saskatchewan Health Indicators Report 2011*. Authored by the Northern Saskatchewan Population Health Unit, the report provides a picture of the health and living circumstances in northern Saskatchewan, and information on which to base actions to improve on strengths and meet continuing or emerging challenges.

Report findings are put into clear perspective by Dr. James Irvine, medical health officer for northern Saskatchewan: "Northern people are remarkably resilient and as individuals and communities live with the reality of these health indicators, the strengths as well as the challenges; northerners see themselves in the context of their family and community."



NORTHERN STRENGTHS — Dr. James Irvine, MHO, tells KY board members that the *Northern Saskatchewan Health Indicators Report 2011* reveals strengths useful in overcoming challenges.

Non-medical Determinants of Health

Health is influenced by many factors beyond medical care, such as socioeconomic factors. Significant health disparities exist within northern Saskatchewan, and between northern Saskatchewan and Saskatchewan as a whole. Inequities start with the significant differences in social determinants of health.

Economic

- Median income in 2006 was less than 60 per cent of the provincial median income;
- Close to one in four families are considered to have low income; almost 2.5 times greater than in the province as a whole;
- Cost of healthy food remains substantially greater in northern compared to southern Saskatchewan.

Education and Employment

- High school graduate numbers are increasing, however, the proportion of the northern population aged 25-29 years who completed high school was 46 per cent in 2006, which is substantially lower than the provincial rate of 80 per cent;
- The long-term unemployment rate is over four times the provincial rate and there is a growing potential workforce.

Physical Environment

- The north is an area of beautiful natural environment with lots of trees, lakes and other natural resources;
- Housing issues include almost four times the proportion of homes requiring major repair, and over 10 times the rate of crowding compared to the province.

Social Environment

- Individuals living off-reserve in northern Saskatchewan report higher levels of "community belonging" than in Saskatchewan and Canada as a whole;

- Over 40 per cent of the population speaks Cree, Dene or Michif at home;
- Crime rates are higher in northern Saskatchewan than across the province.

Personal Health Practices

- Over 40 per cent of those aged 12 years and over living off-reserve smoke tobacco, almost double the provincial rate. Between 45 and almost 75 per cent of women smoked during their pregnancy in northern Saskatchewan, depending on the area;
- Rates of physical activity in the off-reserve population are slightly greater in northern Saskatchewan than in all of Saskatchewan;
- Immunization coverage for children off-reserve in northern Saskatchewan is about the same as the coverage within Saskatchewan.

Health Status

Mortality

- Life expectancy is increasing, but is still five years shorter than in the province;
- The infant death rate has improved, but remains much higher than the provincial rate. Deaths from congenital anomalies have decreased by almost half in the past 25 years;
- The leading causes of death are injuries, cancers, and circulatory diseases;
- Premature deaths from injuries have been decreasing but remain the major cause of premature death (44 per cent of premature deaths are due to injuries) with rates over twice as high as in the province;
- Suicides make up 25 per cent of injury deaths in northern Saskatchewan with rates three times as high as in the province;
- About two-thirds of motor vehicle collision deaths involved drinking drivers.

Chronic Diseases

- Over 65 per cent of the people living off-reserve aged 18 and over are considered overweight or obese;
- Diabetes prevalence rates are the highest in the province when calculated to account for the much younger age structure of the northern population;
- The impacts of circulatory diseases like heart disease are increasing, partly due to an increasing population in the older age groups;
- Rates of cancer in northern Saskatchewan for males are lower than for the province, but the female rate is the same for northern and southern Saskatchewan;
- Top types cancer: breast cancer and lung cancer in females; prostate and lung cancer in males; lung cancer is by far the leading cause of cancer deaths for males and females;
- Lung cancer rates are greater compared to the province, though rates of breast and colorectal cancer are slightly lower. Rates of prostate cancer are significantly lower in northern Saskatchewan. Cervical cancer rates are decreasing.

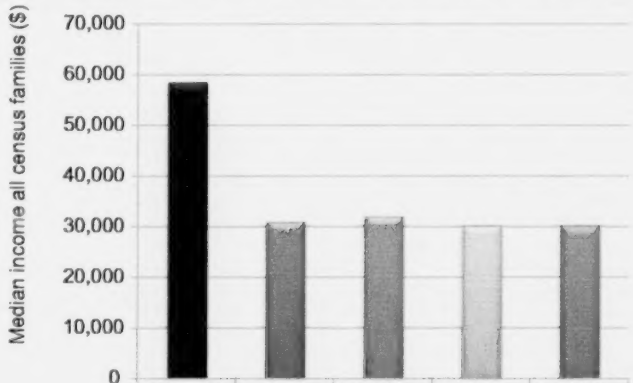
Communicable Diseases

- Remarkable improvements have been seen in northern Saskatchewan's rates of diarrheal diseases, hepatitis A and many vaccine preventable diseases. Sporadic outbreaks of some infections, however, remain a concern;
- Rates of sexually transmitted infections, tuberculosis and hepatitis C remain substantially elevated in northern Saskatchewan. Chlamydia rates are over five times greater (2008), tuberculosis rates over 90 times greater (2010), and hepatitis C rates are over two times greater (2007) than the rates in Saskatchewan or Canada. On average, 40 per cent of the individuals with TB in northern Saskatchewan live off-reserve. HIV is continuing to emerge as an increasing issue in Saskatchewan – north and south. The northern incidence rate is now about equal to the provincial rate, with about seven new cases being diagnosed across the north each of the last several years (2008-2010).

NON-MEDICAL DETERMINANTS

Economic

Median family income by northern Saskatchewan health authority, 2005

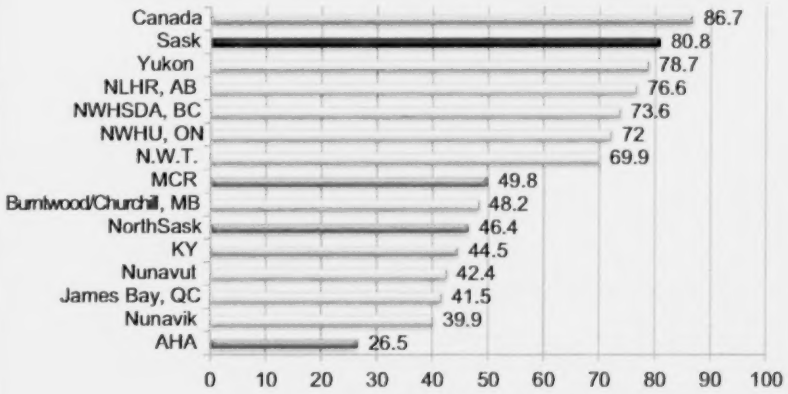


	Sask	North	MCR	KY	AHA
Total	58,563	31,007	32,177	30,265	30,304

Source: Census 2006, Prepared by PHU July 2008

Education

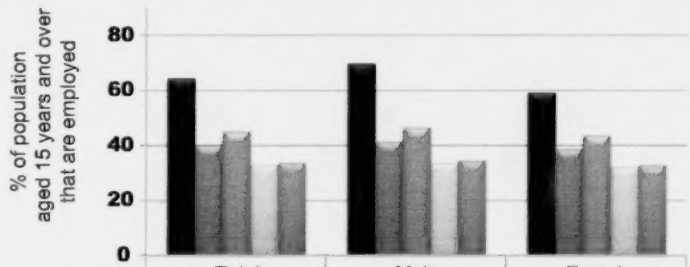
Population 25-29 years, high school graduates, by northern region (%)



Source: Census 2006, Prepared by PHU June 2008

Employment

Employment rate aged 15 up, by northern Saskatchewan health authority, 2006

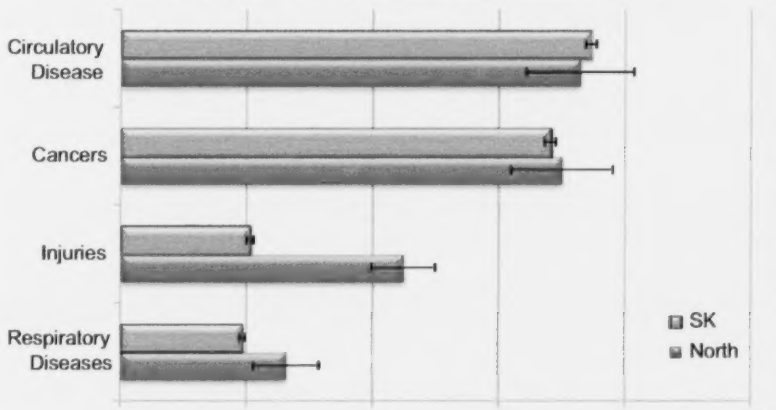


	Total	Male	Female
Sask	64.6	70.0	59.4
North*	40.3	41.6	39
MCR	45.4	46.9	43.9
KY	33.2	34.0	32.4
AHA	34.0	34.9	33.1

Source: Census 2006, prepared by PHU July 2008 * Div 18 used as North

Mortality

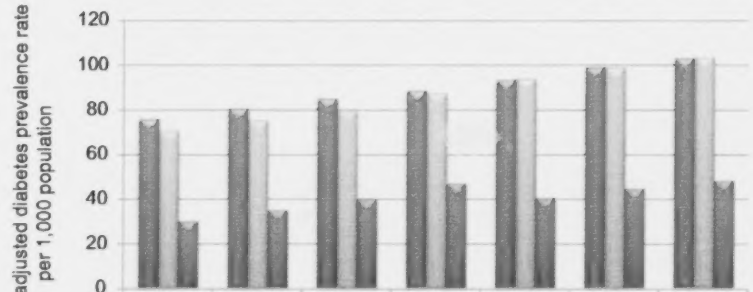
Age-standardized mortality rate per 100,000 population. 10-year average, by cause, northern Saskatchewan and Saskatchewan, 2000-09



Source: SaskHealth 2011, Prepared by PHU Jan 2011

Chronic Diseases

Age-sex adjusted diabetes rates by northern Saskatchewan RHA, 2001/01-2006/07

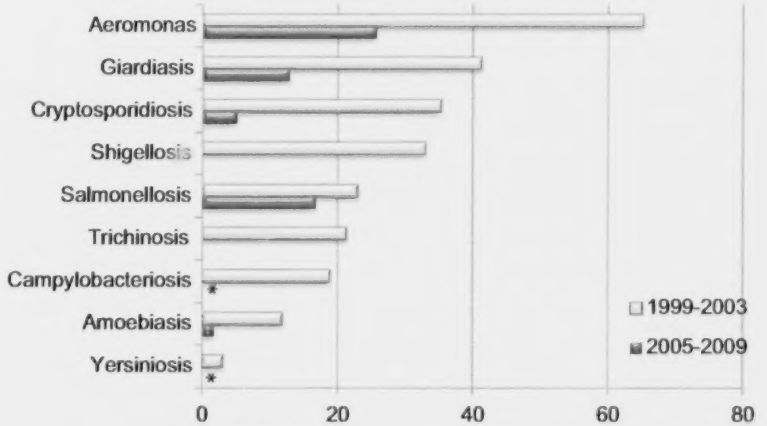


	2000/1	2001/2	2002/3	2003/4	2004/5	2005/6	2006/7
MCR	76.25	80.81	85.30	88.96	93.75	99.51	103.45
KY	70.93	75.55	79.50	87.55	94.22	99.31	103.80
AHA	30.41	35.46	40.13	47.38	40.91	45.12	48.59

Source: Sask Health, (NDCSS v 209) Prepared by PHU May, 2008

Communicable Diseases

Diarrheal diseases reported per 100,000, population, 5-year average crude rate, northern Saskatchewan, 1999-2003 to 2005-2009



Source: PHU, Prepared by PHU Apr 2010, * data suppressed for 2005

Working Together

The health and living circumstances described in the health indicators report emphasize the importance of working together across sectors, and across communities in a variety of areas.

Social determinants

(Multi-sector involvement including economic development, social services, provincial and federal governments)

- Supports for early childhood development and education;
- Poverty reduction (early childhood, youth and adult education and training);
- Housing;
- Economic development that coincides with social and personal development to avoid increasing health disparities across the north and to assist with overall prosperity of the north;
- Partnerships and advocacy for social improvements to reduce health inequity.

Health behaviours

(Multi-sector involvement along with health and community leadership – "making healthy choices easier")

- Supports for tobacco and substance abuse reduction / prevention;
- Supports for physical activity and healthy eating;
- Healthy alternatives for youth in our communities (activities, supports, education, future employment possibilities).

Health services and programs

(Treatment, care and prevention)

- Supports for infant health starting in pregnancy and including the family and continuing with early childhood development;
- Injury prevention;
- Chronic disease and cancer prevention (active living, healthy eating, decreased tobacco use);

We must remain conscious of the important link between the health of the population and economic development. Strategies to reduce social inequities and decrease health disparities will be required to maximize northern prosperity.

Dr. James Irvine
Medical Health Officer

- Tuberculosis and HIV prevention including early diagnosis, treatment and supportive services, substance use prevention and reduction strategies, with harm reduction;
- Community-focused comprehensive programs and services including areas of primary care, mental health and addictions, chronic disease (diabetes, heart disease, stroke, cancer), prenatal and infant care, youth services promoting self-esteem and mental well-being, tobacco reduction and substance abuse, physical activity, and sexual wellness;
- Coordination of health care services across jurisdictions to provide continuity of care, and coordination with other human services programs to provide social supports for vulnerable populations across the north;
- Patient-focused care based on northern people, culture and geography.

The complete Northern Saskatchewan Health Indicators Report 2011 is available on the Population Health Unit website: www.populationhealthunit.ca

KYRHA OVERVIEW

FACILITIES, PROGRAMS AND SERVICES

QUALITY HEALTH CARE programs and services are provided to region residents through three types of health service centres:

- Two integrated health centres:
  Ile a la Crosse and La Loche;
- Three primary care centres:
  Beauval, Buffalo Narrows and Green Lake;
- Six outreach and education sites:
  Cole Bay, Jans Bay, Michel Village,
  Patuanak, St. George's Hill and Turnor Lake

Integrated Health Centres

KYRHA integrated facilities provide a full range of modern health care programs and services. Key services provided at the St. Joseph's Health Centre (Ile a la Crosse) and the La Loche Health Centre include:

- Emergency care;
- Acute care;
- X-ray and lab;
- Physician/medical health clinic;
- Public health clinic;
- Home care;
- Long term care;
- Inpatient social detox;
- Mental health and addictions;
- Community outreach and education worker;
- Dental therapy;
- Physical therapy;
- Community health development programs.

Primary Care Clinics

KYRHA primary care clinics offer around-the-clock registered nurse on-call coverage and emergency medical services (EMS).

- **Beauval**
  - » Physicians services (two days a week);
  - » Nurse practitioner;
  - » Public health nurse;
  - » Home care licensed practical nurse;
  - » Special care/home health aids;
  - » Community mental health registered nurse;
  - » Dental therapist;
  - » Addictions councilor;
  - » Emergency medical services;
  - » Community outreach & education worker;
  - » Community health development programs.
- **Buffalo Narrows**
  - » Physicians services (four days a week);
  - » Nurse practitioner;
  - » Home care licensed practical nurse;
  - » Special care/home health aids;
  - » Public health nurse;
  - » Emergency medical services;
  - » Community outreach & education worker;
  - » Dental therapist;
  - » Addictions counselor;
  - » Mental health therapist;
  - » Medical transportation;
  - » Community health development programs.
- **Green Lake**
  - » Registered nurse/public health and home care nurse;
  - » Community outreach & education worker;
  - » Home care coordinator.

Outreach and Education Sites

Outreach and education workers provide service to Cole Bay, Jans Bay, Michel Village, Patuanak, St. George's Hill and Turnor Lake, promoting individual, family and community health through a variety of programs and workshops. Community members are helped to understand and make use of health services and clinics, as well as advised of available health resources and benefits.

Programs

Available to region residents:

- **Addictions counseling education**
  Client eduction on the effects of alcohol and drug abuse, including one-on-one counseling, follow-up support and home visits;
- **Community diabetic education**
  Counseling for diabetics and those at risk of developing diabetes as well as prevention through education;
- **Community outreach and education**
  Help to understand and make use of community health services and clinics; information on health resources and benefits;
- **Dental clinic**
  Provides and promotes dental care; primary teeth extraction, cavities and fillings; open to children up to the age of 17;
- **Dietitian**
  One-on-one diet counseling and prevention of diseases through education;
- **EMS** - 24-hour emergency services;
- **Home care services**
  Services ensuring quality of life for people with varying degrees of short and long-term illness or disability and support needs; including palliative, supportive and acute care;
- **Mental health therapy**
  Services and interventions for individuals, families, groups and communities experiencing significant distress or dysfunction related to cumulative stress, situational difficulties or difficulties related to biochemical disorders;
- **Nutritionist**
  One-on-one nutrition counseling; prevention of diseases through education;
- **Public health nursing**
  Pre/post natal care, immunizations, school programs and health teaching;
- **Public health inspection**
  Assessment/monitoring of health regulations;
- **Travel coordination**
  Travel arrangements for patients seeing specialists who have no other means of access.

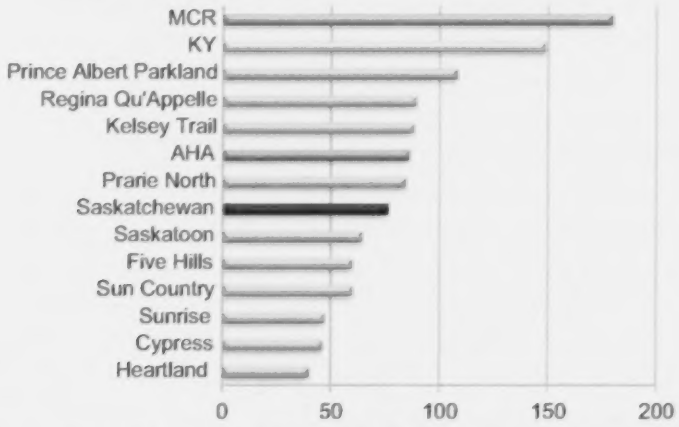
HEALTH ISSUES

HEALTH IS AFFECTED by many factors beyond medical care. Still, the health region must treat resultant health conditions. A number of issues remain on the region's radar:

- The average suicide rate in KYRHA increased between 2000-2004 and 2005-2009. The average rate of 12 suicides per year between 2005 and 2009 was five times the provincial rate. More recent data, however, does show a decrease in that rate;
- In 2010, two in three deaths from traffic collisions in the North involved a drinking driver;
- A high proportion of persons aged 18 and over in northern Saskatchewan are overweight. The northern Saskatchewan rate is significantly higher than the Saskatchewan rate;
- The number of hepatitis C cases have been increasing in northern Saskatchewan, but with year-to-year fluctuation;
- The rate of new active and relapsed TB cases in northern Saskatchewan remains substantially elevated, with a growing number of Saskatchewan's TB cases found in the north.

Suicide

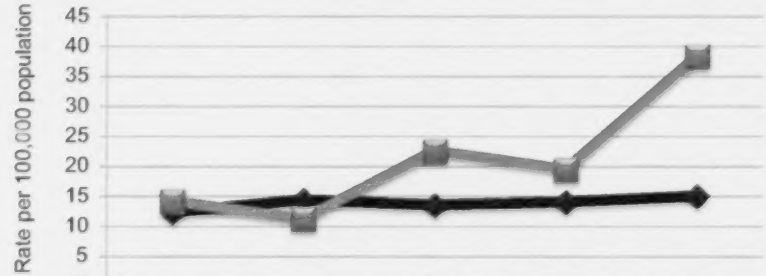
Age-sex adjusted hospitalization rate per 100,000 population for suicide/self-inflicted injury, Saskatchewan RHAs, 1995/6 to 2004/5



Source: Sask Comp Injury Surv Report 1995-2005, Prepared by PHU Mar 2010

Traffic Deaths

Deaths from traffic collisions, northern Saskatchewan and Saskatchewan, 2004-2008

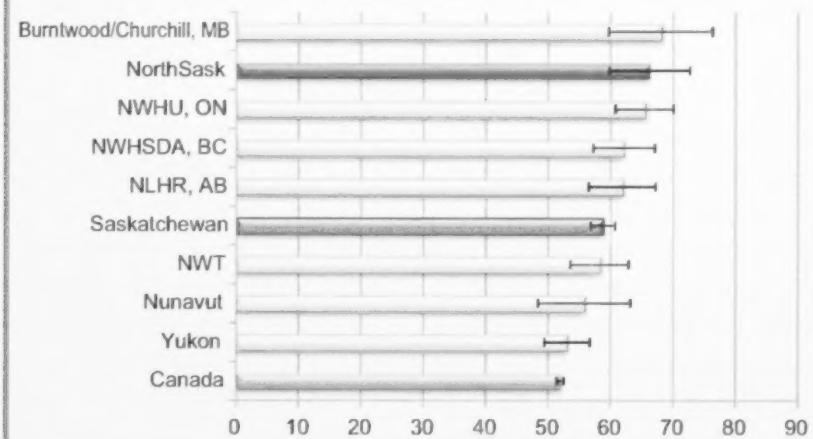


	2004	2005	2006	2007	2008
Sask	12.4	14.4	13.6	14.1	15.1
North	14.2	11.3	22.6	19.5	38.4

SGI Traffic Accident Information System, 2010, Prepared by PHU Apr 2010

Overweight/Obese

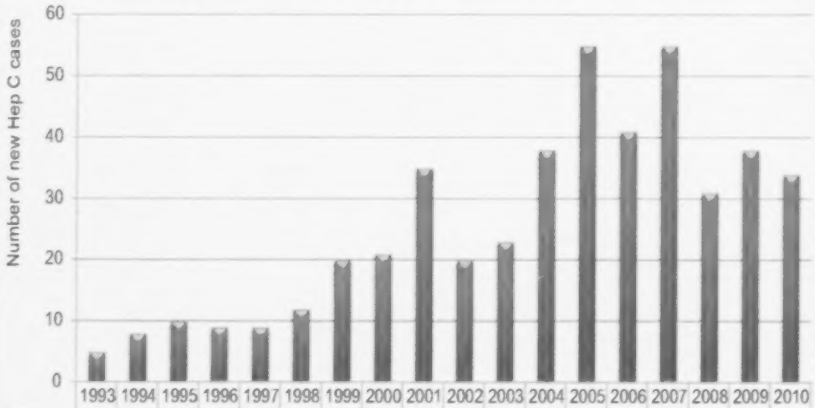
Percentage of population 18 and over, off-reserve, overweight or obese, by northern region, 2009-2010



Source: Statistics Canada (CCHS) Prepared by PHU July 2011

Hepatitis C

Estimated hepatitis C cases by year diagnosed, northern Saskatchewan, 1993-2010

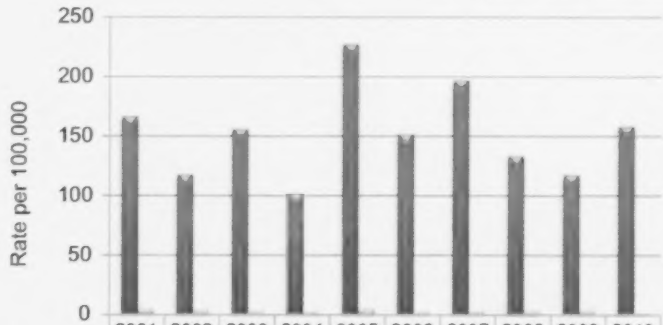


	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
North	5	8	10	9	9	12	20	21	35	20	23	38	55	41	55	31	38	34

Source: PHU, Prepared by PHU Jan 2011

Tuberculois

New active and relapsed crude TB incidence rate by year of diagnosis, northern Saskatchewan and Saskatchewan, 2001-2010



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
North	167.4	118.5	156.5	102.5	228.2	152.5	198.1	134.3	118.1	159.1
South	5.8	4.8	3.8	3.5	5.9	3.4	3.6	4.4	4.7	1.7

Source: Sask TB Control Program 2001 2010, Prepared by PHU Jan 2011

Northern Medical Services

Northern Medical Services (NMS) serves KYRHA with two models of care. La Loche is served by six full-time equivalent physician positions each contributing 26 weeks of service per annum. These are itinerant services, with travel to out-lying clinics. KY provides a duty vehicle for weekly clinics serving Birch Narrows and Turnor Lake. The health region also provides clinic space, support and accommodations, while Northern Medical Services is responsible for recruitment, continuity of service, reimbursement and travel. Ile a la Crosse is served by six full-time equivalent salaried positions and an NMS clinic with six administrative staff. Itinerant services are provided to Beauval, Buffalo Narrows, Dillon and Patuanak.

Population Health Unit, Northern Saskatchewan

The Population Health Unit provides public health and population health services to the three northern health authorities, Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority, under a comanagement agreement.

PHU staff includes medical health officers, communicable disease/immunization nurse, dental health educator, environmental health manager and public health inspectors, infection prevention and control coordinator, nurse epidemiologist, public health nurse specialist, public health nutritionist, director and support staff.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

PHU achievements in KYRHA and across northern Saskatchewan for 2011-12 included:

- Provided support for board-approved Infection Prevention and Control Plan;
- Enhanced TB disease prevention through screening, early diagnosis and outreach, coordination with primary care, and recruitment of a TB/outreach nurse for La Loche;
- Supported implementation of key recommendations from the children's oral health strategy to improve nutrition and oral hygiene practices for children at risk of tooth decay;
- Strengthened colorectal cancer care through implementation of a provincial screening program; screening program started in six northern municipal and five First Nations communities in June 2011, and expanded to five additional communities in March 2012; in 2012 1,918 northerners aged 50 to 74 invited to participate in the program (21.3% participation rate so far);
- Implemented key components of the HIV strategy increasing capacity on the front lines, and enhancing capability through training and engagement of communities to address prevention, treatment and awareness.

Health Care Organizations

Health care organizations, for-profit and non-profit, receive funding from the RHA to provide health services. Two such organizations provide services within KYRHA:

- Meadow Lake Tribal Council provides after hour nursing coverage for adjacent communities; funding to MLTC for provision of these services has been increased;
- Ile a la Crosse Friendship Centre runs the Successful Mother's Program that helps give children the best possible start in life.

Working to eliminate barriers and increase service

THROUGHOUT 2011-12 the Keewatin Yatthé Regional Health Authority and the Meadow Lake Tribal Council (MLTC) explored ways in which the two agencies could work together, and with health directors from the five First Nations communities within the region (Clearwater, Birch Narrows, Buffalo River, English River and Canoe Lake), to strengthen relationships and to improve service to residents.

A delegation from both parties met with the Primary Health Care branch in Regina to review the standing service agreement for access to nursing services for KYRHA communities adjacent to reserves. The health authority and tribal council both felt the agreement was outdated and needing to be updated as well as additionally funded. As a result, a new agreement was struck and additional funding made available.

Keewatin Yatthé and the Meadow Lake Tribal Council also began to explore ways to build a relationship between mental health and addictions workers, reviewing how both side provide services and how to develop protocols of case conference for clients that access services on and off reserve,

A tremendous opportunity exists going forward for continued collaboration, including increased partnering with Prairie North Regional Health Authority (PNRHA), in relation to the Meadow Lake Tribal Council Health System Integration Proposal, a five year project with over $1 million of funding from the Health Canada Health Services Integration Fund.

Mutually beneficial objectives include:

- ***Improved integration***
  - continuing organizational development of the KYRHA, MLTC and PNRHA partnerships in the pursuit of seamless, client-centred approaches to the delivery of health services to the residents of northwest Saskatchewan;

WRONG SIDE OF THE ROAD — Not being able to receive care at the nearest health facility because of jurisdictional boundaries frustrates many regional residents. KYRHA has explored ways with Meadow Lake Tribal Council to share services across the region, putting patients before boundaries.

- ***Participation***
  Building community capacity through shared training opportunities and strengthening programming tools and systems;
- ***Improved access***
  Exploring advantages of further technological developments such as tele-health and electronic medical records. (The potential exists to use MedAccess as common client information access tool.)

Positive outcomes from this project could include standardized training and consistent levels and quality of care across systems, new models of service delivery and the building of trust, enabling clients to move more quickly and appropriately between the partners' systems and services.

GOVERNANCE

BOARD GOVERNANCE STYLE of the Keewatin Yatthé Regional Health Authority emphasizes outward vision rather than internal preoccupation, commitment to obtaining community input, encouragement of diversity in viewpoints, strategic leadership more than administrative detail, being pro-active rather than reactive and a clear distinction between board and staff roles.

Specifically, the board:

- *Cultivates* a sense of group responsibility for governance excellence, being an initiator of policy, not merely a reactor to staff initiatives;
- *Operates* in ways mindful of its obligation to be accountable to the region;
- *Directs, controls and inspires* the RHA through careful deliberation and establishment of the broadest organizational values and policies;
- *Focuses* on long-term regional impacts with an expectation of staff to determine the administrative meanings of attaining those, with final approval for change resting with the board.

Board authority delegated to staff is delegated through the chief executive officer (CEO), so that all accountability of staff is considered to be the responsibility of the CEO.

The CEO is directed and constrained by:

- *Ends* policies to achieve certain results;
- *Executive Limitations* policies to act within certain boundaries of prudence and ethics

With respects to *Ends and Executive Means*, the CEO is authorized and required to establish all further policies, make all decisions, take all actions and develop all activities as long as they are consistent with reasonable interpretation of board policies.

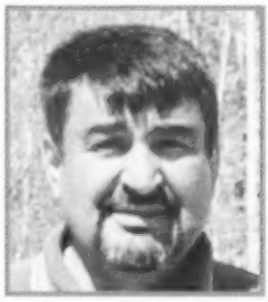
The KYRHA board operated for a period with only seven members after the resignation of member Robert Woods.

KYRHA Board Members

Tina Rasmussen
Chair,
Green Lake

Duane Favel
Vice-chair,
Ile a la Crosse

Gloria Apesis
Patuanak



Elmer Campbell
Dillon

Barbara Flett
Ile a la Crosse

Kenneth T. Iron
Canoe Lake

Bruce Rueling
La Loche

Robert Woods
Buffalo Narrows

PROGRESS IN 2012

LEAN / HOSHIN KANRI

IF ONE WORD epitomizes change and progress within the Keewatin Yatthé Health Region throughout 2011-12 that word is "Lean." Not new to the region, Lean has been seen in action by KYRHA senior managers at Boeing, Virginia Mason Hospital and Seattle Children's Hospital. And Lean has been used within the region to map out value streams, to understand the current state in order to reach the future state; to generate a more thorough understanding of processes being examined as well as a greater understanding for how clients see end products or results of those processes.

But despite best intentions, sometimes Lean initiatives didn't stick, or gain the traction or necessary momentum to carry forward. Case in point: a combined Lean training session and rapid improvement workshop (to review patient flow at the La Loche Health Centre) initially engaged staff to undertake serious change, but soon languished.

That initiative was later revived, however, as a new strategic planning model was adopted by Saskatchewan's health care system: Strategy Deployment or Hoshin Kanri.

This new approach engaged staff and at levels not previously linked through the process of "catch-ball," enabling top-down/bottom-up communication on how to achieve desired results.

A key new tool was also introduced that would begin to make the difference between projects that languished and initiatives that took off: the visual wall.

Called to the wall by the CEO, those responsible for initiatives or hoshins take responsibility for showing progress or ways to achieve progress when and where problems were encountered. Accountability and responsibility becomes every bit as important, if not more so, than any other component of an initiative or project.

These are still early days for Lean and Hoshin Kanri in Keewatin Yatthé. Until a host of daily or standardized work processes can be understood and implemented, long standing staffing resource issues may threaten success.

Yet the groundwork has been laid, that coupled with extensive Lean certification training to be undertaken by KYRHA leadership in months ahead, should provide continued traction necessary to position the RHA to deliver quality care.

AT THE WALL — With direction set through the Strategy Deployment/Hoshin Kanri process and Lean tools available to create efficiencies, "Wall walks" like this one conducted by CEO Richard Petit at regional headquarters in February, 2012 measure progress on initiatives. With targets and metrics clearly displayed, project leaders report on progress — or lack of — to the CEO; i.e. what's gone well and what hasn't, whether targets have or haven't been met, and corrective actions to achieve success.

STRATEGY DEPLOYMENT

Setting priorities, regularly measuring progress and reporting back on what's working and what's not

BETTER BECAUSE OF YOU!

Guided by a process of broad input and clear focus, the Saskatchewan healthcare system is committed to **Better Health, Better Care, Better Teams and Better Value** — and safer, more supportive workplaces dedicated to patient/family-centred care.

KYRHA will undertake "***breakthrough initiatives***" in support of these goals.

Staff and management engagement is critical to success. While you may not be directly involved in specific initiatives — the work you do every day remains as important as ever.

WATCH FOR MORE INFORMATION — OR ASK YOUR MANAGER

BREAKTHROUGH INITIATIVES

THROUGH TWO INTENSE, thought-provoking Level 2 rounds of Strategy Deployment deliberation undertaken during 2011-12 by an expanded KYRHA leadership team (including CEO, executive directors, directors, out-of-scope and in-scope managers), a new way forward was mapped out encompassing five hoshins or breakthrough initiatives in support of higher level provincial breakthroughs as well as two breakthrough initiatives to address specific regional needs.

Provincial Breakthrough

Increase access to point of care testing for HIV and TB

KY Breakthrough

InitiativeCollaborative Effort to Manage HIV / TB

Problem:

Highest TB rate in Canada; rising HIV rate; prospect of combined HIV/TB and the development of antibiotic resistance

Target / Action:

Provide early detection, contact tracing, therapy maintenance, social supports, harm education and a "linked" health care team (primary care, public health, First Nations health authorities, TB control and infectious disease clinicians)

Measures:

- % of TB contacts screened within 30 days;
- Number of HIV tests done monthly

Provincial Breakthrough

Comply with Accreditation Canada's Required Organizational Med Rec Practices

KY Breakthrough Initiative

Medical Reconciliation (Med Rec)

Problem:

Information about medications a patient is taking may be inconsistent and/or out of date — placing patients at risk of adverse reactions and harm

Target / Action:

100 per cent compliance with Accreditation Canada ROP for medical reconciliation

Measures:

- Completion of PIP reports;
- Chart audits;
- Patient question: "Have you received a med reconciliation?"

Provincial Breakthrough

Innovate to Improve Processes;
Reduce Demand on Emergency Services

KY Breakthrough Initiative

La Loche Patient Flow

Problem:

Confusion and congestion, inappropriate patient flow, unnecessary patient/staff movement and breaches of infection control, privacy and security undermining customer satisfaction and staff morale.

Target / Action:

A safe, welcoming, family and patient-centred healing and wellness environment — providing culturally appropriate care under normal and emergent operating conditions

Measures:

- Wait times;
- Patients seen per shift;
- Number of patients treated in ER;
- Patient/family, staff satisfaction survey

Provincial Breakthrough
Identify and provide services collectively through shared services

KY Breakthrough Initiative
Shared Services GHX
E-Commerce Implementation

Problem:
Patient care supplies do not consistently arrive in a timely manner; ordering on paper takes additional time and is subject to loss

Target / Action:
All requisitions to be electronic making movement of supplies consistent and delivery will be faster

Measures:
- Number of users changes from paper to electronic

Provincial Breakthrough
Adopt Saskatchewan Association for Safe Workplaces in Health (SASWH)

KY Breakthrough Initiative
Safety Management System Plan

Problem:
Staff suffer injury at work causing disability, pain and emotional/mental distress, impacting recruitment and retention, wellness and morale, performance issues and absenteeism

Target / Action:
To develop a culture of work safety and a comprehensive KYRHA employee safety manual based on OSHA guidelines

Measures:
- To be determined

KY Breakthrough Initiative
Community Health Development
— Youth Health Groups

Problem:
Disheartening youth suicide and teen pregnancy rates, discouraging family unit dysfunction caused by alcohol and drug abuse, and debilitating chronic illness and infectious disease cause immeasurable despair and suffering, leaving regional residents struggling to attain optimum health and wellness

Target / Action:
Create strong and trusting connections between health system and the people served; mobilize and empower youth to take action on their own

Measures:
- Initial – Number of groups formed
- Community activities undertaken

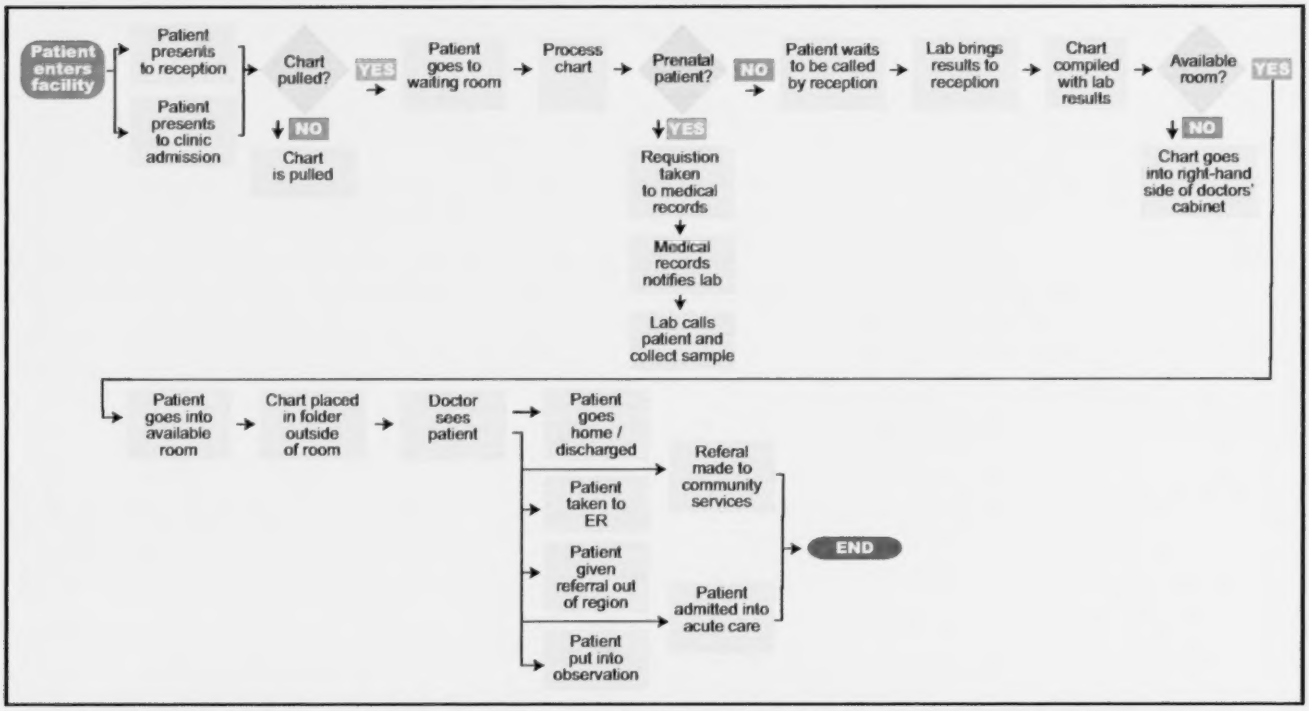
KY Breakthrough Initiative
Staff Recruitment and Retention

Problem:
Due to factors affecting recruitment and retention of management and front-line employees, KYRHA lacks capacity to maintain continuity of optimal service delivery levels, affecting patient and staff safety, employee morale and customer satisfaction

Target / Action:
Fill current vacancies building a resource pool of available personnel; equip managers to encourage productivity and employment longevity.

Measures:
- Positions filled or vacant
- Staffing levels by major groups
- Number of days position vacant

LA LOCHE HEALTH CENTRE PATIENT FLOW



CURRENT STATE — Patient flow through La Loche Health Centre, clinic side, August 2011

OUTPATIENT FLOW AT the La Loche Health Centre came under double scrutiny; first, by an independent assessment of outpatient services to identify issues from the point of view of all involved, including patients, and to analyze patterns of outpatient services; and secondly by a Lean training inspired value stream mapping process that would become the basis for a full-fledged hoshin with the adoption of Hoshin Kanri for strategic planning.

Staff and management concerns brought forward during the assessment included:

- space and privacy in the ER and clinic;
- triage, flow of patients and communication between ER and clinic and amongst staff;
- community involvement and engagement

Patient and community input had a number of common themes:

- long, unexplained waits in the ER as well as long waits for clinic appointments;
- lack of privacy and concerns of confidentiality in the ER and clinic;
- lack of understanding of what an emergency is and isn't;
- poor communication, lack of understanding and lack of trust between professional health staff and patients.

Three recommendations or options were put forward by the consultant:

- staff and community engagement, including the need for site leadership;
- outpatient service redesign;
- facility redesign.

Of these recommendations, outpatient service redesign was the first to be tackled, with a number of staff and patient suggestions explored and/or adopted. To establish a true base point, a current state mapping process was undertaken as part of a Lean training initiative at the facility.

For a variety of reasons, this process lost traction, but was revived when *La Loche Patient Flow* was elevated to hoshin status, and focused on creating a safe, welcoming, family and patient-centred healing and wellness environment to serve La Loche and surrounding area.

SHARED SERVICES

HEALTH SHARED SERVICES Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

Moving to electronic requisition of goods and services

To improve quality of service, lower costs and redirect resources to patient care, KYRHA acted to take advantage of the shared services model created with 3sHealth as well as to support the provincial breakthrough initiative to procure goods and services through a provincial service.

With the assistance of one-time funding from the Saskatchewan Association of Health Organizations, the region purchased an electronic requisition module.

The region then named *Shared Services GHX e-Commerce Implementation* as a hoshin to create a system in which patient care supplies consistently arrive in a timely manner, paper ordering that takes additional time and is subject to loss is eliminated and staff trust in the supply system is renewed.

A BENEFICIAL OFFSHOOT of the health region's immersion in the provincial Strategy Deployment process has been a strengthening of leadership, through the acquisition of new knowledge and skills for planning and implementing effective and progressive change processes, as well as the development of an expanded network of "influencing" individuals, and an empowerment of those individuals to make a greater difference within the organization.

With a smaller executive team than most health regions, Keewatin Yatthé drew on a broader scope of management to play a pivotal role in Level 2 hoshin processes as well as other important decision making processes throughout the year. In-scope, front-line supervisors were recruited for their first-hand knowledge of real operations and how best to influence and motivate the staff in their charge.

Having been given the same tools to work with as other leadership teams in the province, having been given a place at the table in creating a new future for health care in the province, KY leadership gained new confidence and renews zeal to go forward. Also hearing that Keewatin Yatthé often grasped these new concepts and processes as well or sometimes even better than our southern peers, confidence was also renewed in the "northern way."

Performance Evaluation

A new performance evaluation tool was introduced in the region to better enable managers to chart and assist the growth of employees. Training, however, on conducting effective performance reviews, emphasizing making reviews a key element in employee growth and job satisfaction had to be delayed due to trainer availability.

Leadership Vacancies

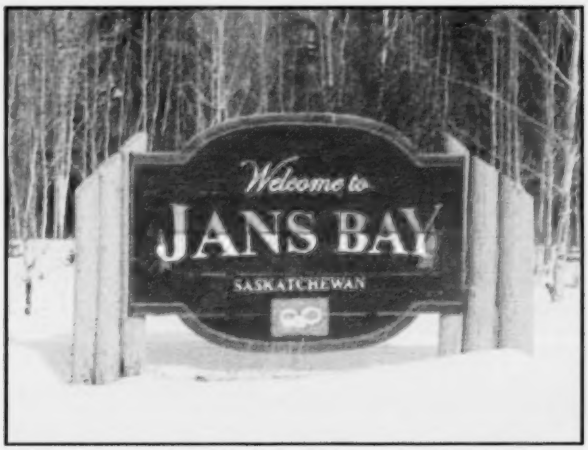
Leadership positions were no less prone to turnover or any easier to fill than front-line positions, with a number vacant or filled in an "acting" capacity during some portion of the year:

- EMS Director
- Executive Director of Community Health Development
- Executive Director of Health Services
- Organizational Wellness Coordinator
- QCC and Privacy Officer

RETREATING TO GO FORWARD — A summer retreat lakeside in Buffalo Narrows for KYRHA's leadership team — in-scope and out-of-scope — focused energies on getting to know self better to better understand others, as well as developing other team building and talent enhancement knowledge and skills.

BUILDING TRUST

COMMUNITY PRIORITIES CONTINUE to drive Keewatin Yatthé Regional Health Authority programs and services. To better grasp those priorities, health authority leaders traveled the region to meet with community leaders. Led by CEO Richard Petit, senior leaders and front-line care providers from each of the communities heard first hand the views of village and band leaders. Fact finding missions, these forays into communities big and small were also intended to strengthen relationships and build trust in the health care system.



COMMUNITY DIALOG — Jans Bay was one of many communities to welcome delegations from KYRHA intent on learning more about what regional residents wanted from their health care system.

A selection of comments follows; experiences with the health care system, thoughts on how to improve the health care system, musing on how taking responsibility.

"Remember when engaging community, do so in an Aboriginal way, through inclusion, we will get farther."

"We will make mistakes, that's only normal. But over time we can find solutions through equal partnerships, by sharing information."

"We're ignored, we're treated like second class citizens. We don't get help unless we're vocal and demanding."

"Patients ask to see a particular doctor, but they can't because he or she is gone ... That's hard."

"Continuing to do the same things, in the same way, will produce the same result – no change."

"People come in (to the clinic) who already don't feel well. They aren't acknowledged, sometimes they're completely ignored ... they feel slighted."

"We all have a role to play, whether we contribute or take away, it's up to us."

Building trust and a shared base of community knowledge

In the early morning hours of September 30, 2011, KYRHA staff and residents of Keewatin Yatthé's largest community, La Loche, were shaken by alcohol-fueled aggression directed towards local police, an EMS crew and emergency department personnel at the La Loche Health Centre.

In response to this incident, Mayor Georgina Jolibois called together agencies with both an interest in the community and some ability to assist with community transformation.

The initial gathering included representation from the Northern Village of La Loche, the Clearwater Dene First Nation, Northern Lights School Division, La Loche Community School, Ducharme Elementary School, Northern Medical Services, Ministry of Health and the Keewatin Yatthé Regional Health Authority.

The meetings held to date have focused on collecting and sharing baseline community information to better understand and evaluate community needs going forward.

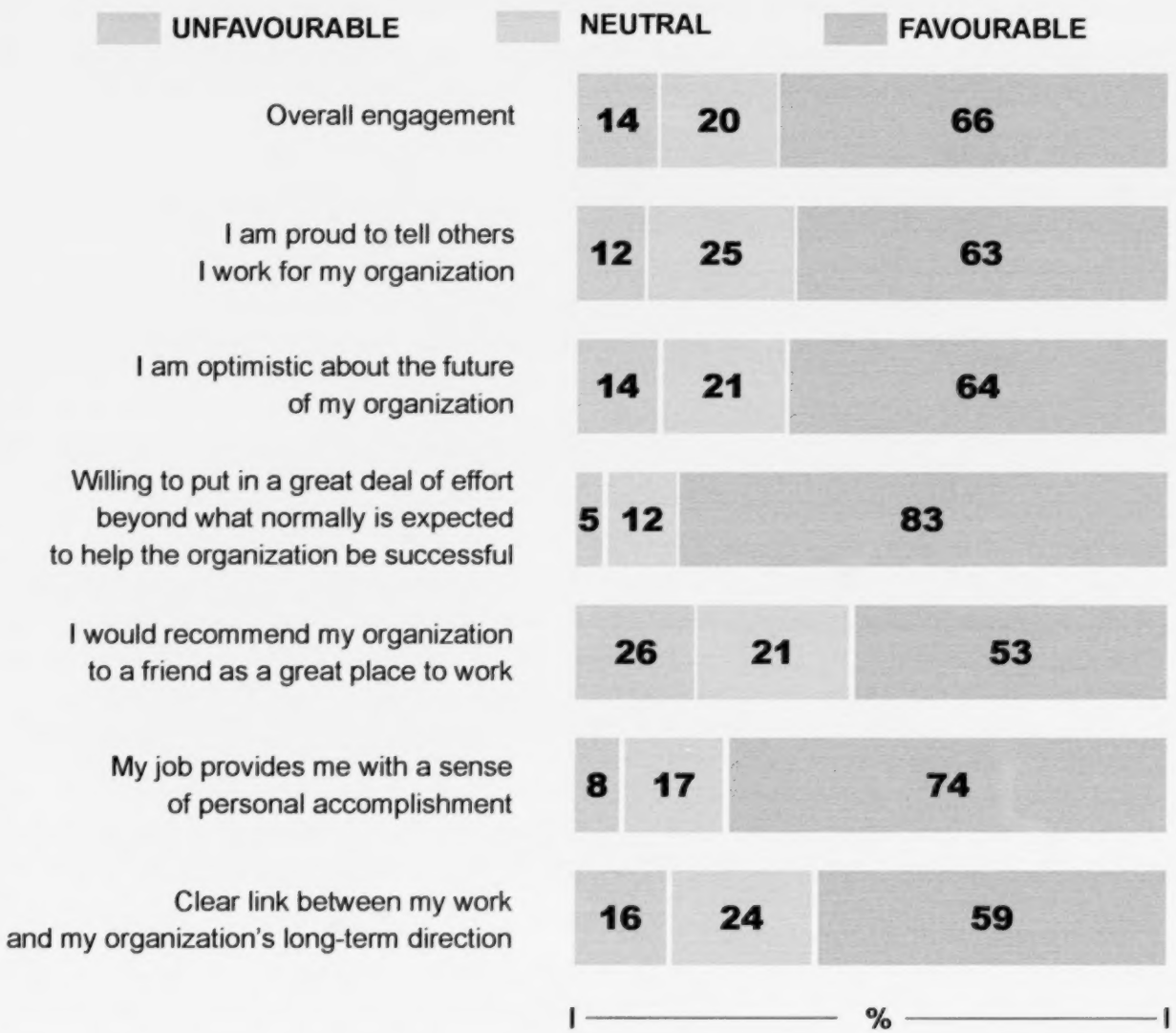
EMPLOYEE ENGAGEMENT SURVEY

EMPLOYEE ENGAGEMENT SURVEYS were conducted across the province's health regions by TalentMap during the 2011-12 fiscal year.

What is Employee Engagement?

Employee engagement, according to TalentMap, is a heightened emotional and intellectual connection that an employee has for his or her job, organization, manager or coworkers that, in turn, influences him or her to apply additional discretionary effort to his or her work. Employee engagement is part logical, from the head (what makes me want to work here based on my skills, work preferences, values and aspirations), part emotional, from the heart (an emotional commitment to the organization and its people) and hands on or behavioural in nature (willingness to put in extra effort to better the organization). Research of "engaged" organizations reveals increased customer loyalty, above average employee retention, improved safety records and increases productivity.

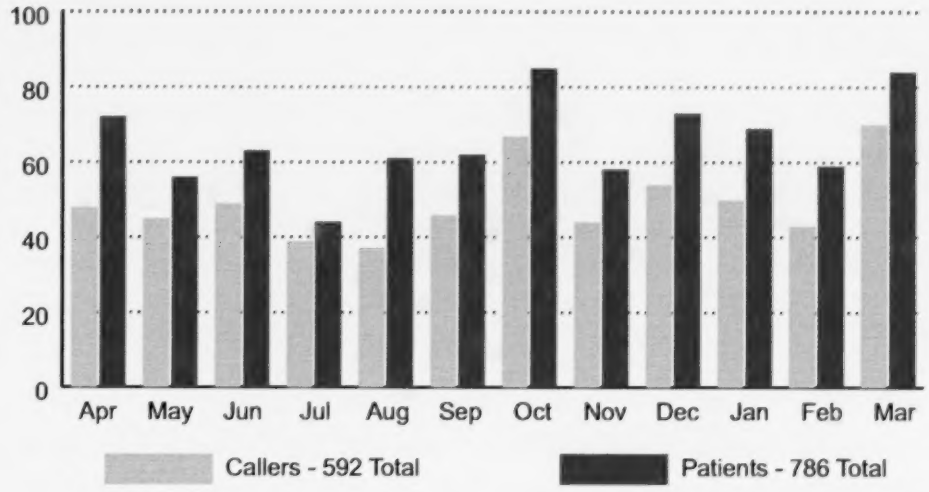
Of 348 individuals employed by Keewatin Yatthé Health Region, 99 chose to take part in the survey — or 28 per cent (compared to 24 per cent for Saskatchewan health regions overall).



HEALTHLINE USE

Regional Caller - Patient Volume (April 2011 - March 2012)

One registered call can result in multiple records being created. The caller may be calling about one or more family members. Each individual is required to have their own assessment and patient record



Source: Saskatchewan Healthline

Regional Patient Dispositions (April 2011 - March 2012)

Priority: Immediate ER department by ambulance/EMS/Police

Emergent: Seek professional medical care within four hours of phone call

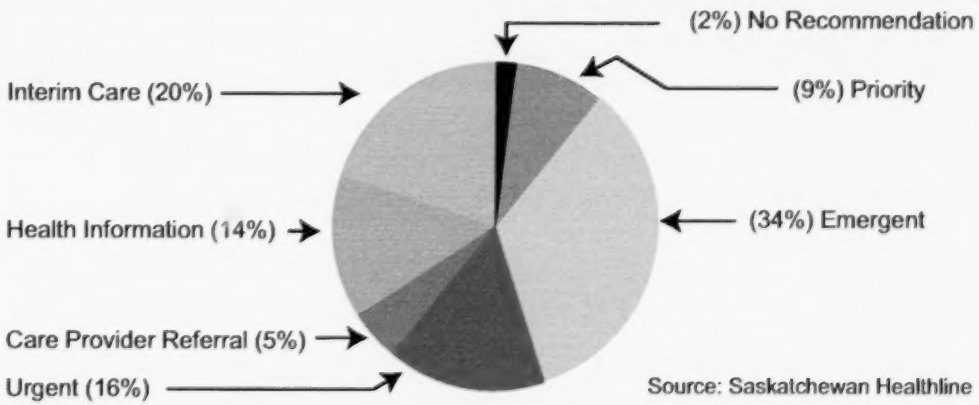
Urgent: Seek professional medical care with 24 hours of phone call

Care Provider Referral: Seek professional medical care within 72 hours of phone call

Interim Care: Self care measures for managing symptoms at home. Callers may be referred to primary care providers other than physicians (i.e. public health, poision control, pharmacist)

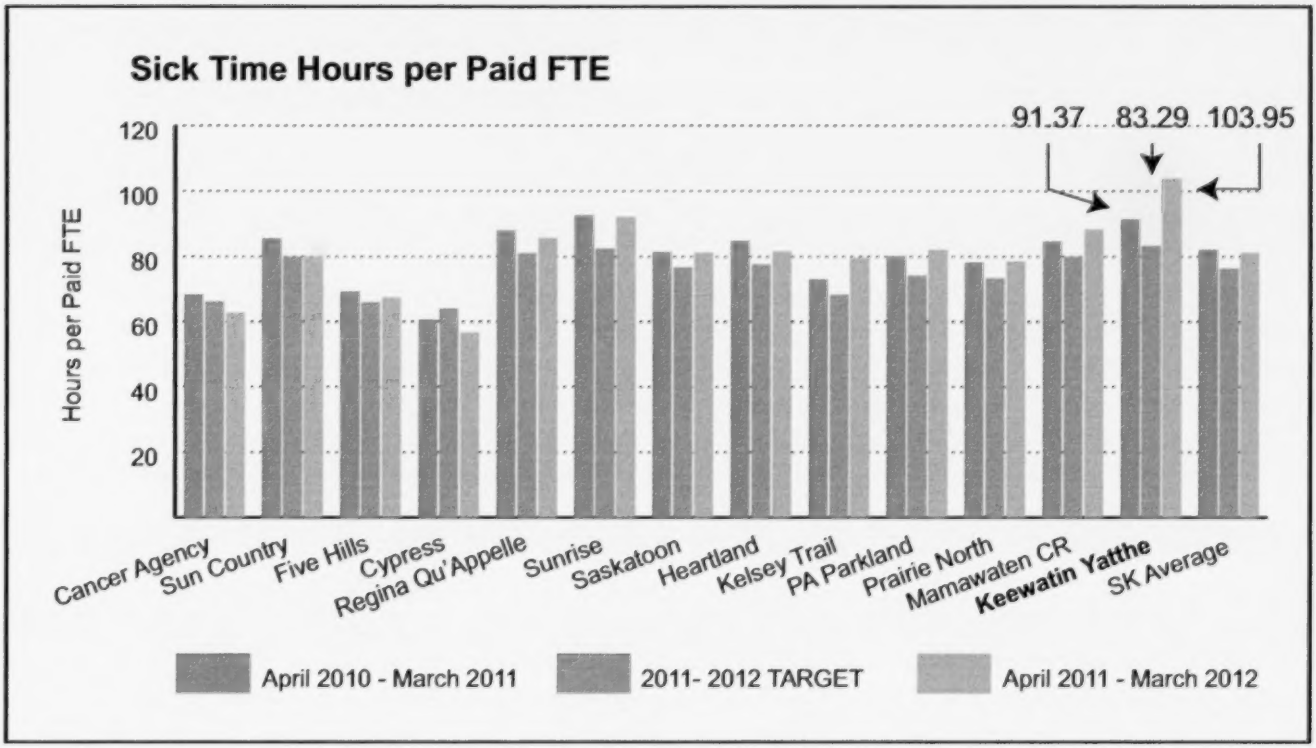
Health Information: Includes callers only provided with health info (no symptom triage)

No Recommendation: Includes callers not receiving a recommendation (i.e. health information not available, caller chose to hang up, protocol opened in error, etc.)



Source: Saskatchewan Healthline

Initiative (3.2.1-a) Sick Time Hours
Measure: Number of sick time hours per paid FTE
Target: 5.1% reduction based on 2010-2011 projected

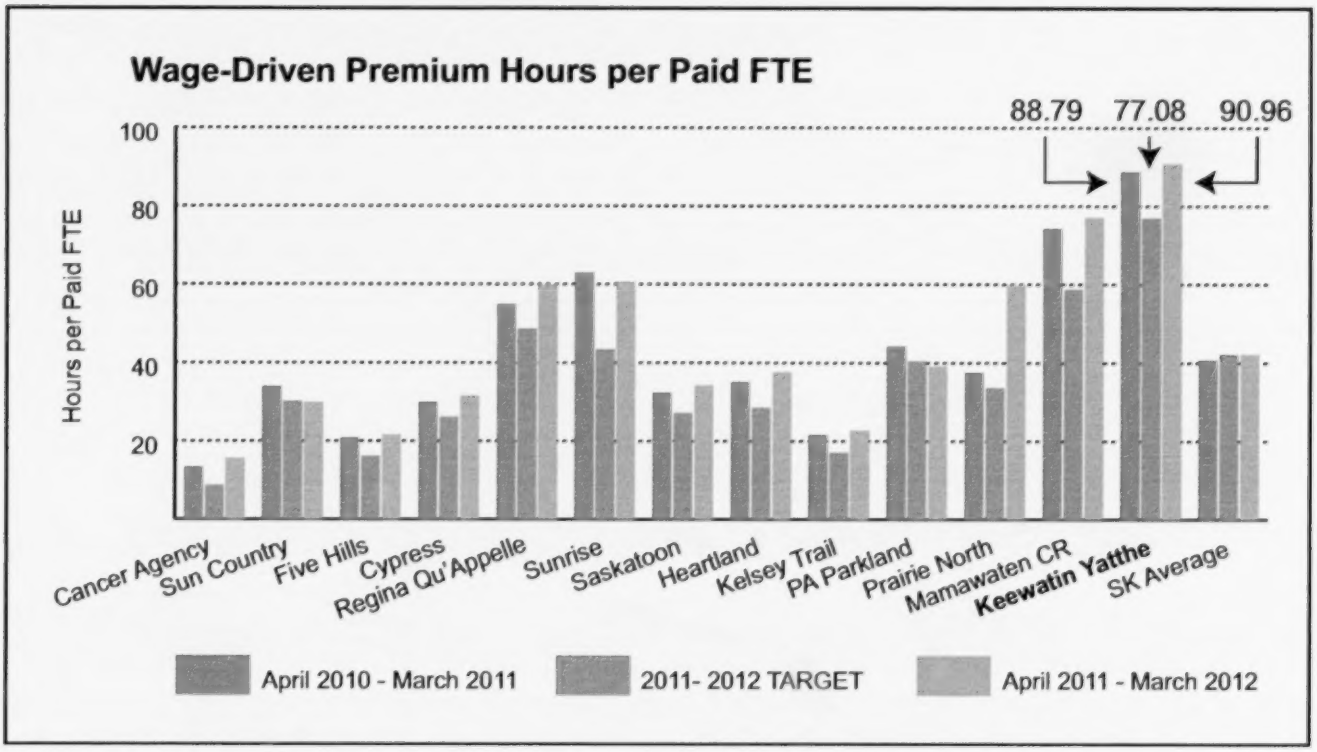


Analysis:
The highest across all RHA's, KYRHA sick time hours also rose by the largest percentage of any in the province, not dropping eight points to meet target, but climbing 20 plus points over target — to the only 100 plus mark for a RHA in Saskatchewan.

What's being done?
KYRHA has renewed its commitment to workplace health and wellness through the appointment of a new wellness coordinator, revamping of workplace wellness policy, creation of a workplace wellness action plan and the formation of an energetic wellness committee devoted to improving employee health. Action plan activities promote a representative workforce and celebrate the region's northern culture.

Initiative (3.2.1-b) Wage-Driven Premium Hours

Measure: Number of wage-driven premium hours per paid FTE
Target: 12.3% reduction based on 2010-2011 projected



Analysis:

Rather than dropping 11.71 points to reach target value, wage-driven premium hours rose 2.17 per cent.

What's being done?

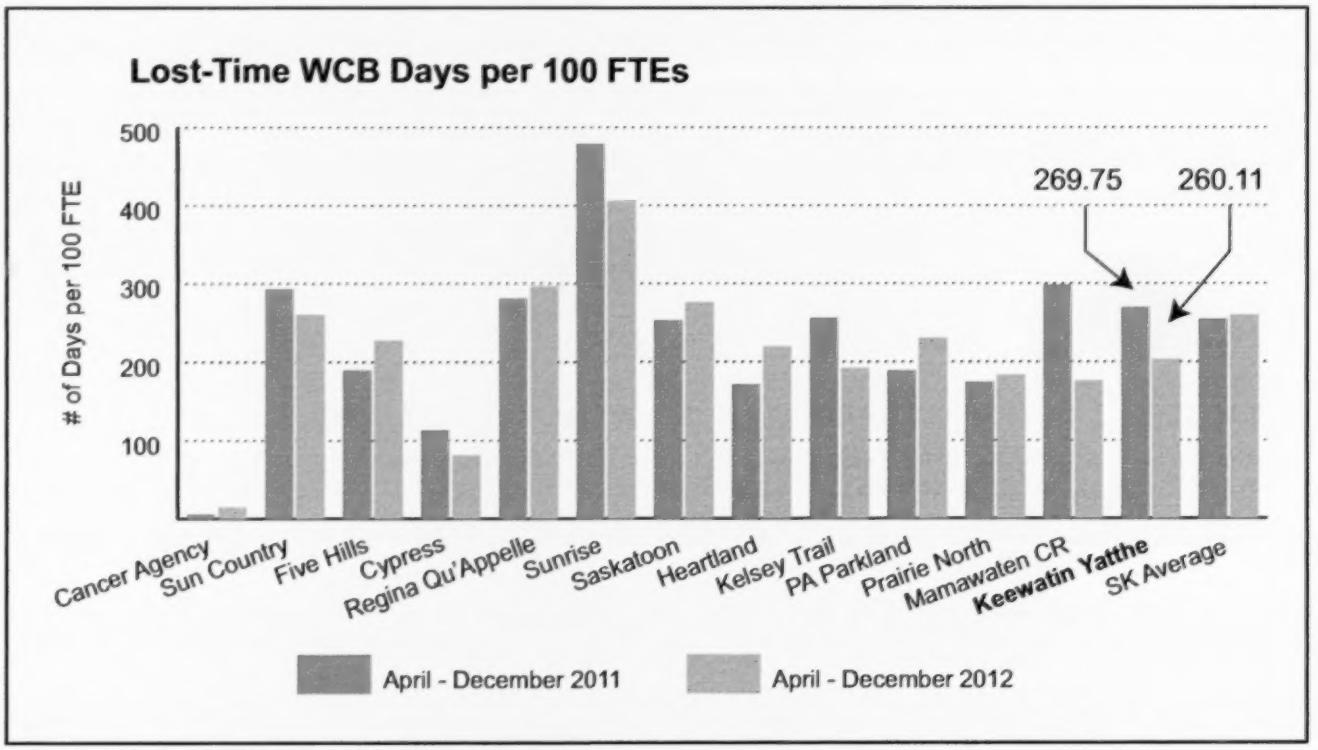
To address wage-driven premiums (call-backs and over-time), within the context of applicable collective agreements, cost-effective service delivery options are being explored that will allow sustainable delivery of quality patient-first care.

Initiative (3.2.1-c) WCB Days per 100 FTEs

Measure: Number of lost-time WCB days per 100 FTEs

Target: 14.2% reduction based on 2010-2011 projected

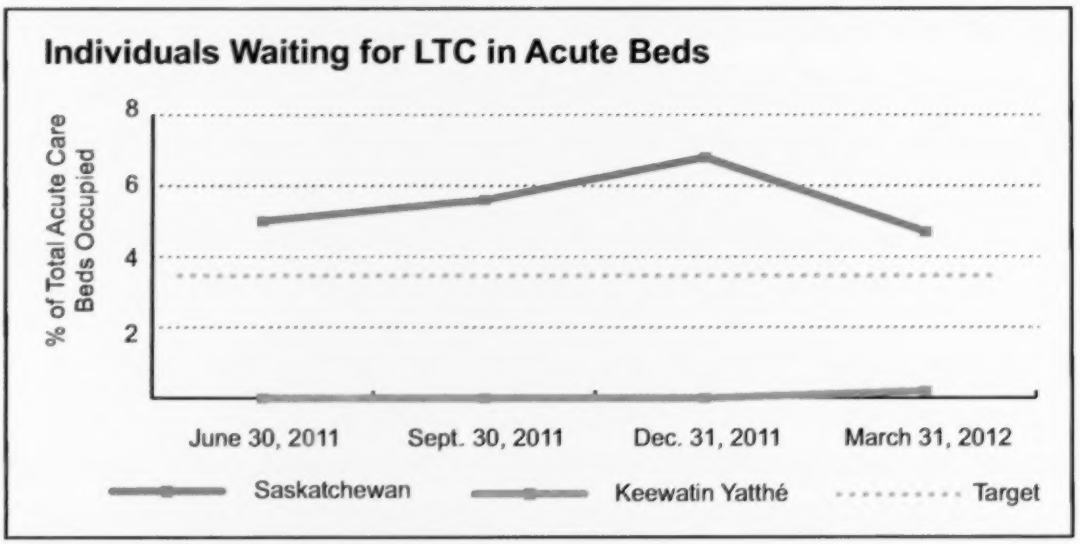
(*Fourth quarter data unavailable from Saskatchewan Workers' Compensation Board; information provided based on third quarter data.*)



Initiative Reduce the Number of Individuals Waiting for LTC in Acute Care

Measure: Number of individuals waiting for LTC in acute care

Target: 3.5% or less of total acute care beds occupied by clients waiting for LTC facilities by March 31, 2012



FINANCIAL INFORMATION

June 13, 2012

Keewatin Yatthé Regional Health Authority

Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

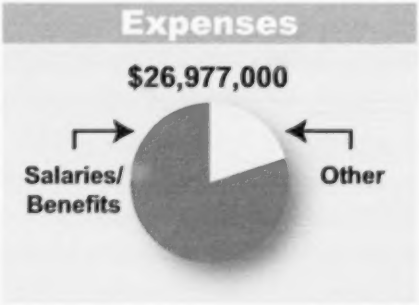
- The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Richard Petit
Chief Executive Officer

Edward Harding
Executive Director of
Finance and Infrastructure

2011-12 FINANCIAL OVERVIEW

THE 2011-12 FISCAL YEAR ended with the Keewatin Yatthé Regional Health Authority posting a surplus of $526,670 in its Operating Fund and a deficit of $1,156,784 in its Capital Fund as noted on Statement 2 of the financial statements. The operating fund surplus of $526,670 was moved to the capital fund for future equipment and infrastructure needs. The region spent $187,268 for equipment in the 2011-12 fiscal year as noted on Statement 3 of the financial statements.



As of March 2012, the operating fund had a working capital surplus of $243,203. The working capital ratio is an indication of an organization's ability to pay its financial obligations in a timely manner. This indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund as per the Statement of Financial Position in the audited financial statements. Currently, the region is operating with a positive 3.28 days of working capital in the operating fund.

Revenue

Actual operating fund revenues totaled $27.5 million, of which provincial funding accounted for $25 million or 91 per cent of the region's total funding. When compared to the 2011-12 budget, Ministry of Health actual funding for the year increased by $674,000. The majority of the increase in revenue relates to the settlement of the collective bargaining agreement with the Health Sciences Association of Saskatchewan.

Actual capital fund revenue totaled $22,586 which was used to purchase equipment for the region.

Expenditures

The actual operating fund expenses for 2011-12 were $26.9 million, which equates to spending $73,708 per day to deliver health care services within our region. The $26.9 million in operating expenses represents a 4.97 per cent increase over 2010-11 actual operating expenses. When compared to the 2011-12 budget, actual expenses increased by $644,000. The majority of the increase in expenses relates to compensation increases especially relating to the settlement of the collective bargaining agreement with the Health Sciences Association of Saskatchewan. The delivery of health care is very labour intensive. Of the $26.9 million spent, 80 per cent relates to salaries and benefits paid to employees.

With respect to salaries, there are two areas of concern:

1. Increasing cost of sick leave — For fiscal 2011-12 KYRHA saw a $116,764 increase when compared to the previous fiscal year. Sick leave cost $736,939 in the 2011-12 fiscal year;
2. Increasing cost of wage driven premiums (mainly comprised of bringing staff back to cover shifts at overtime and callback rates) — For fiscal 2011-12 KYRHA saw a $61,599 increase when compared to the previous fiscal year. Wage driven premiums cost $1,405,576 in the 2011-12 fiscal year.

Actual capital fund expenses totaled $1,179,369 which represents the allocation of capital assets' cost over their estimated useful life.

Other

KYRHA holds special funds that are classified as "Deferred Funds." These funds are held for specific purposes and can only be drawn down when those conditions are met. As of March 2012, deferred funds totaled $1,349,651. These deferred funds are listed in Note 5 of the Financial Statements and are broken down by Ministry of Health and other categories.

The Wholistic Health of Keewatin Yatthé Health Region Residents

Keewatin Yatthé Regional Health Authority

Financial Statements 2011 – 12

Management's Responsibility

To the Saskatchewan Ministry of Health:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian generally accepted accounting principles and ensuring that all information in the annual report is consistent with the statements. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed entirely of Directors who are neither management nor employees of the Organization. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Organization's external auditors.

MNP LLP, an independent firm of Chartered Accountants, is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

May 24, 2012

Chief Executive Officer

Executive Director of Finance and Infrastructure

Independent Auditors' Report

To the Board of Directors of Keewatin Yatthé Regional Health Authority:

We have audited the accompanying financial statements of Keewatin Yatthé Regional Health Authority which comprise the statement of financial position as at March 31, 2012 and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Managements' Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Keewatin Yatthé Regional Health Authority as at March 31, 2012, and the results of its operations, changes in fund balances and its cash flows for the years then ended in accordance with Canadian generally accepted accounting principles.

Prince Albert, Saskatchewan

May 24, 2012

MNP LLP
Chartered Accountants

101 - 1061 Central Avenue, Prince Albert, Saskatchewan, S6V 4V4, Phone: (306) 764-6873

MNP

Statement 1

Statement of Financial Position
As at March 31

	Operating Fund	Restricted Capital Fund	Total 2012	Total 2011 (Note 9)
ASSETS				
Current assets				
Cash and short-term investments (Schedule 2)	$ 3,435,986	$ 1,440,968	$ 4,876,954	$ 4,798,355
Accounts receivable				
Ministry of Health - General Revenue Fund	83,955	-	83,955	444,936
Other	570,266	10,804	581,070	572,367
Inventory	294,799	-	294,799	335,811
Prepaid expenses	235,789	-	235,789	144,760
	4,620,795	1,451,772	6,072,567	6,296,229
Investments (Note 2, Schedule 2)	8,534	1,089	9,623	7,886
Capital assets (Note 3)	-	23,926,429	23,926,429	24,918,530
Total Assets	$ 4,629,329	$ 25,379,290	$ 30,008,619	$ 31,222,645
LIABILITIES & FUND BALANCES				
Current liabilities				
Accounts payable	$ 1,298,175	$ -	$ 1,298,175	$ 1,432,550
Accrued salaries	393,006	-	393,006	760,253
Vacation payable	1,338,497	-	1,338,497	1,402,522
Deferred Revenue (Note 5)	1,349,651	-	1,349,651	1,367,916
	4,379,329	-	4,379,329	4,963,241
Total Liabilities	4,379,329	-	4,379,329	4,963,241
Fund Balances:				
Invested in capital assets	-	23,926,429	23,926,429	24,918,530
Externally restricted (Schedule 3)	-	313,614	313,614	474,826
Internally restricted (Schedule 4)	-	1,139,247	1,139,247	616,047
Unrestricted	250,000		250,000	250,000
Fund balances – (Statement 2)	250,000	25,379,290	25,629,290	26,259,404
Total Liabilities & Fund Balances	$ 4,629,329	$ 25,379,290	$ 30,008,619	$ 31,222,645

Commitments (Note 4)
Pension Plan (Note 10)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Statement 2

Statement of Operations and Changes in Fund Balances
For the Year Ended March 31

	Operating Fund			Restricted Capital fund	
	Budget 2012	2012	2011 (Note 9)	2012	2011 (Note 9)
REVENUES					
Ministry of Health - general	$ 24,342,000	$ 25,015,142	$ 24,016,043	$ 10,242	$ 110,000
Other provincial	212,140	601,656	486,367	-	-
Federal government	85,000	85,000	172,369	-	-
Patient & client fees	1,280,149	1,264,496	1,222,584	-	-
Out of province (reciprocal)	10,000	14,768	-	-	-
Out of country	50	-	-	-	-
Donations	-	20	-	520	525
Investment	32,000	39,130	31,486	-	-
Recoveries	272,150	183,834	219,981	11,824	3,380
Other	99,600	299,299	269,175	-	
Total revenues	26,333,089	27,503,345	26,418,005	22,586	113,905
EXPENSES					
Inpatient & resident services					
Nursing Administration	395,422	312,875	271,138	314	291
Acute	4,297,746	4,589,402	4,354,439	82,706	77,145
Supportive	1,753,957	1,823,780	1,759,492	19,787	19,489
Total inpatient & resident services	6,447,125	6,726,057	6,385,069	102,808	96,926
Physician compensation	51,000	39,000	54,658	-	-
Diagnostic & therapeutic services	1,762,805	1,933,352	1,689,712	54,171	53,133
Community health services					
Primary health care	2,416,436	2,629,085	2,285,791	13,732	13,869
Home care	1,432,879	1,414,057	1,362,608	1,050	1,050
Mental health & addictions	2,612,084	2,636,617	2,622,239	969	1,340
Population health	3,023,124	2,502,604	2,627,129	24,191	23,495
Emergency response services	2,151,386	2,442,185	2,404,455	41,733	53,449
Total community health services	11,635,909	11,624,548	11,302,222	81,675	93,203
Support services					
Program support	2,736,177	2,775,903	2,590,830	98,772	76,973
Operational support	3,618,073	3,804,557	3,591,256	841,944	838,847
Other support	82,000	73,258	85,239	-	
Total support services	6,436,250	6,653,718	6,267,325	940,716	915,820
Total expenses (Schedule 1)	26,333,089	26,976,675	25,698,986	1,179,369	1,159,081
Excess (deficiency) of revenues over expenses	$ 0	526,670	719,019	(1,156,784)	(1,045,176)
Interfund transfers (Note 13)		(526,670)	(1,392,963)	526,670	1,392,963
Increase (decrease) in fund balances		0	(673,944)	(630,114)	347,787
Fund balances, beginning of year		250,000	923,944	26,009,404	25,661,617
Fund balances, end of year		$ 250,000	$ 250,000	$ 25,379,290	$ 26,009,404

The accompanying notes and schedules are part of these financial statements.

Statement 3

Statement of Cash Flow
For the Year Ended March 31

	Operating Fund		Restricted Capital Fund	
	2012	2011	2012	2011
	(Note 9)		(Note 9)	
Cash Provided by (used in):	Operating Activities		Financing and Investing	
Excess (deficiency) of revenue over expenditure	$ 526,670	$ 719,019	$ (1,156,784)	$ (1,045,176)
Net change in non-cash working capital (Note 6)	(653,448)	(136,052)	370,060	(82)
Amortization of capital assets	-	-	1,179,369	1,159,081
	(126,778)	582,967	392,645	113,823
Purchase of capital assets				
Buildings/construction	-	-	-	(719,927)
Equipment	-	-	(187,268)	(295,294)
	-	-	(187,268)	(1,015,221)
Net increase (decrease) in cash & short term investments during the year	(126,778)	582,967	205,377	(901,398)
Cash & short term investments, beginning of year	4,089,434	4,899,430	708,921	217,356
Interfund transfers (Note 13)	(526,670)	(1,392,963)	526,670	1,392,963
Cash & short term investments, end of year (Schedule 2)	$ 3,435,986	$ 4,089,434	$ 1,440,968	$ 708,921

The accompanying notes and schedules are part of these financial statements.

Notes to the Financial Statements
As at March 31, 2012

1. Legislative Authority

The Keewatin Yatthé Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Keewatin Yatthé Health Region, under section 27 of The Act. The Keewatin Yatthé RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Fund Accounting

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

b) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

Notes to the Financial Statements
As at March 31, 2012

c) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2½% to 5%
Leasehold Improvements	5%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

d) Inventory

Inventory consists of general stores and pharmacy. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

e) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Keewatin Yatthé Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthé Regional Health Authority expenses all contributions it is required to make in the year.

f) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

g) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

Notes to the Financial Statements
As at March 31, 2012

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

Notes to the Financial Statements
As at March 31, 2012

3. Capital Assets

Description	March 31,2012 Cost	Accumulated Amortization	Net Book Value	March 31,2011 Net Book Value
Land	$ 115,000	$ -	$ 115,000	$ 115,000
Buildings/Leasehold Improvements	28,275,044	(5,926,877)	22,348,167	23,209,242
Equipment	5,349,398	(3,886,136)	1,463,262	1,594,288
	$ 33,739,442	$ (9,813,013)	$ 23,926,429	$ 24,918,530

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five fiscal years are as follows:

2012-13	$358,257
2013-14	365,893
2014-15	370,347
2015-16	370,347
2016-17	370,347

Notes to the Financial Statements
As at March 31, 2012

5. Deferred Revenue

Sask Health Initiatives	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Aboriginal Awareness Training	$ 10,586	$ -	$ -	$ 10,586
Autism Framework and Action Plan	74,185	18,603	45,833	101,415
Patient Family Centered Care	10,000	6,760	-	3,240
Children's' Mental Health Services	19,269	-	-	19,269
Diabetes Educator	-	31,346	31,346	-
Health Quality Council - LEAN Funding	62,762	19,081	-	43,681
HIPA	21,516	-	-	21,516
Home Care STA	10,238	-	-	10,238
Case Management Training	6,477	-	-	6,477
Mentorship July 1 - Nov 30, 2008	10,900	-	-	10,900
Nurse Recruitment and Retention	175,155	4,786	-	170,369
Nurse Safety Training Initiative	13,324	3,000	-	10,324
Nurse Management Compression	27,395	18,465		8,930
Out of Scope Lifestyle	15,000	10,608	-	4,392
Pharmacist	20,000	20,000	20,000	20,000
Primary Care Team Development NP	56,008	-	-	56,008
Primary Care ILX, LCH - Compensation	229,492	89,000	-	140,492
New Alcohol and Drug Initiatives	181,150	-	-	181,150
Quality Workplace	16,609	-	-	16,609
Safety Training	10,569	4,730	-	5,839
Sask Housing Capital fund Refund	38,285	3,223	-	35,062
Surgical Initiative	38,745	28,066	38,300	48,979
Team Development (Facilitator Position)	157,361	-	-	157,361
Workforce Planning Initiative 2007/08	28,848	-	-	28,848
Workforce Planning Initiative 2008/09	35,062	-	-	35,062
Preceptor Recognition	-	-	4,150	4,150
Representative Workforce	-	12,271	30,000	17,729
MDS Homecare	-	-	10,000	10,000
Meadow Lake Tribal Council	-	-	50,000	50,000
Enhance preventative Dental Service	-	-	24,495	24,495
Total Sask Health	1,268,936	269,939	254,124	1,253,121

Non Sask Health Initiatives	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Mamawetan Churchill River RHA (MCRRHA)	19,609	-	-	19,609
Palliative Care Room - Ile a La Crosse	661	661	-	-
Diabetes Relay	3,634	-	-	3,634
Infection Control - MCRRHA Population Health	10,523	-	12,070	22,593
Sask Housing Refund	11,051	11,051		-
Cognitive Disability	53,502	91,999	47,000	8,503
Ile a La Crosse Vending Machines	-	12,955	55,146	42,191
Total Non Sask Health	98,980	116,666	114,216	96,530
Total Deferred Revenue	$ 1,367,916	$ 386,605	$ 368,340	$ 1,349,651

6. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Capital Fund	
	2012	2011	2012	2011
(Increase) Decrease in accounts receivable	$ (17,782)	$ 156,371	$ 370,060	$ (5)
(Increase) Decrease in inventory	41,012	46,159		-
(Increase) Decrease in prepaid expenses	(91,029)	347		-
(Increase) Decrease in financial instruments	(1,737)	-		(77)
Increase (Decrease) in accounts payable	(134,375)	147,974	-	-
Increase (Decrease) in accrued salaries	(367,247)	(532,047)		-
Increase (Decrease) in vacation payable	(64,025)	66,270		-
Increase (Decrease) in deferred revenue	(18,265)	(21,126)		-
	$ (653,448)	$ (136,052)	$ 370,060	$ (82)

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2012, was $26,532 (2011 - $20,850). These amounts are not reflected in the financial statements.

Notes to the Financial Statements
As at March 31, 2012

8. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2012	2011
Revenues		
Mamawetan Churchill River Regional Health Authority	$ 178,559	$ 324,228
Ministry of Health - Northern Transportation	338,021	410,249
Saskatchewan Association of Health Organizations	188,633	324,509
Ministry of Justice and Attorney General - Coroners Branch	4,136	-
Saskatchewan Government Insurance	26,804	40,740
Saskatoon Regional Health Authority	8,586	5,199
Ministry of Health - Senior Citizens' Ambulance Assistance Program	66,899	48,935
	$ 811,638	$1,153,860

Notes to the Financial Statements
As at March 31, 2012

	2012	2011
Expenditures		
Ile a la Crosse School Divison No. 112	$ 117,453	$ 109,977
Mamawetan Churchill River Regional Health Authority	210,772	304,778
M. D. Ambulance Care Ltd.	77,730	62,550
North Sask Laundry & Support Services Ltd.	94,905	109,076
Prairie North Regional Health Authority	63,544	100,234
Public Employees Pension Plan	65,137	58,428
Saskatchewan Association of Health Organizations	756,310	761,755
Saskatchewan Government Insurance	2,480	19,343
Ministry of Government Services	690,421	696,169
Saskatchewan Health Employees Pension Plan (SHEPP)	1,810,990	1,801,142
Saskatchewan Power Corporation	154,972	137,769
Saskatchewan Transportation Company	2,883	620
Workers' Compensation Board	365,993	143,509
Saskatoon Regional Health Authority	5,855	5,630
Saskatchewan Telecommiunications	161,920	259,492
University of Regaina	14,296	4,830
University of Saskatchewan	5,046	982
eHealth Saskatchewan	22,780	-
	$4,623,487	$4,576,284

Accounts Receivable		
Ile a la Crosse School Division No. 112	$ 20,307	$ 26,552
Mamawetan Churchill River Regional Health Authority	-	10,523
Ministry of Health - Northern Transportation	105,357	73,053
Ministry of Justice and Attorney General - Coroners Branch	4,823	4,433
Saskatchewan Government Insurance	19,974	20,067
Workers' Compensation Board	769	422
Saskatoon Regional Health Authority	11,802	6,232
Ministry of Health - Senior Citizens' Ambulance Assistance Program	27,545	35,973
Ministry of Social Services	47,000	-
	$ 237,577	$ 177,255

Prepaid Expenditures		
Workers' Compensation Board	$ 81,571	$ -

Notes to the Financial Statements
As at March 31, 2012

	2012	2011
Accounts Payable		
Ile a la Crosse School Divison No. 112	$ 20,602	$ 10,912
M. D. Ambulance Care Ltd.	5,363	-
Mamawetan Churchill River Regional Health Authority	209,342	-
Prairie North Regional Health Authority	-	28,940
Saskatchewan Association of Health Organizations	50,291	49,925
Saskatchewan Health Employees Pension Plan (SHEPP)	279,639	130,869
Workers' Compensation Board	-	122,995
Saskatchewan Telecommunications	11,595	39,262
	$ 576,832	$ 382,903

9. Comparative Information

Certain 2011 amounts and balances have been reclassified to conform to the current year's presentation.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. **Saskatchewan Healthcare Employees' Pension Plan (SHEPP)** - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. **Public Service Superannuation Plan (PSPP)** (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. **Public Employees' Pension Plan (PEPP)** (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the RHA contributions amount below.

Information on Pension Plans:

	2012			2011
	SHEPP[1]	PEPP	Total	Total
Number of active members	264	8	272	287
Member contribution rate, percentage of salary	7.2-9.6%*	6.00-7.00%*		
RHA contribution rate, percentage of salary	8.06-10.75%*	6.00-7.00%*		
Member contributions (thousands of dollars)	930	32	962	1,265
RHA contributions (thousands of dollars)	1,041	31	1,072	1,410

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2012. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

11. Budget

The RHA Board approved the 2011-12 operating and capital budget plans on May 26, 2011.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.

d) Operating Line-of-Credit

The RHA has a line-of-credit limit of $500,000 (2011 - $500,000) with an interest charged at prime. The line-of-credit is non-secured. Total interest paid on the line-of-credit in 2012 was $0 (2011 - $0). This line-of-credit was approved by the Minister in 1999.

13. Interfund Transfers

Each year, the Regional Health Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2012		2011	
	Operating Fund	Capital Fund	Operating Fund	Capital Fund
Capital Asset Purchases	$ (526,670)	$ 526,670	$ (1,392,963)	$ 1,392,963

14. Volunteer Services

The operations of the Keewatin Yatthé Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

Notes to the Financial Statements
As at March 31, 2012

15. Future Accounting Changes

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Not-For-Profit Organizations reporting under Section 4400 of the CICA Handbook to move to reporting under Sections 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of the liability requires an actuarial assessment. The impact of this change cannot be determined at this time.

16. Pay for Performance

Effective April 1, 2011, a pay for performance compensation plan was introduced. As a result, the Chief Executive Officer was paid 90% of base salary for the fiscal year ended March 31, 2012. The Chief Executive Officer is eligible to earn up to 110% of his base salary. The amount over 90% of base salary is considered a 'lump sum performance adjustment". The lump sum performance adjustment has not been determined for the year ended March 31, 2012 because information required to assess the Chief Executive Officer's performance is not yet available. The performance adjustment for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

Schedule 1

Schedule of Expenses by Object
For the Year Ended March 31

	Budget 2012	Actual 2012	Actual 2011 (Note 9)
Operating:			
Advertising & public relations	$ 25,150	$ 18,362	$ 26,604
Board costs	121,333	164,516	114,312
Compensation - benefits	3,411,641	3,489,906	3,414,780
Compensation - salaries	16,713,721	16,903,942	16,437,548
Continuing education fees & materials	227,571	203,018	279,269
Contracted-out services - other	273,176	267,107	264,693
Diagnostic imaging supplies	18,800	27,638	18,894
Dietary supplies	27,740	28,000	21,856
Drugs	296,030	531,493	292,116
Food	262,950	274,700	282,463
Grants to health care organizations & affiliates	146,500	146,500	143,825
Housekeeping & laundry supplies	29,825	15,982	23,928
Information technology contracts	23,200	20,719	12,693
Insurance	87,300	76,410	89,725
Interest	100	317	514
Laboratory supplies	179,400	186,359	182,860
Medical & surgical supplies	352,900	369,699	351,552
Office supplies & other office costs	316,325	434,832	331,819
Other	147,700	116,383	125,058
Professional fees	237,155	248,170	304,494
Purchased salaries	1,356,120	1,220,178	861,491
Rent/lease/purchase costs	850,026	805,248	842,683
Repairs & maintenance	312,645	480,034	367,330
Supplies - other	27,610	38,489	30,033
Travel	475,070	490,609	488,243
Utilities	413,101	418,064	390,202
Total Operating Expenses	$ 26,333,089	$ 26,976,675	$ 25,698,986
Restricted:			
Amortization		$ 1,179,369	$ 1,159,081
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		-	-
Other		-	-
		$ 1,179,369	$ 1,159,081

Schedule 2

Schedule of Investments
As at March 31, 2012

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Innovation Credit Union	42		Prime - 2 1/4%	
Chequing Innovation Credit Union	1,440,926		Prime - 2 1/4%	
	$ 1,440,968			
Term Deposits:	$ -			
Total Cash & Short Term Investments	$ 1,440,968			
Long Term				
Innovation Credit Union Equity	$ 1,089			
Total Restricted Investments	$ 1,442,057			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings - Innovation Credit Union	$ 3,234,886		Prime - 2 1/4%	
Term Deposit Innovation Credit Union	200,000			
Petty Cash	1,100			
Total Cash & Short Term Investments	$ 3,435,986			
Long Term				
Innovation Credit Union	$ 8,534			
Total Unrestricted Investments	$ 3,444,520			
Total Investments	$ 4,886,577			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 4,876,954			
Total Long Term	$ 9,623			
Total Investments	$ 4,886,577			

* Restricted investments consist of:

- Community generated funds transferred to the RHA and Ministry of Health capital grants as noted on Schedule 3, and
- RHA accumulated surplus transferred from the Operating Fund as noted on Schedule 4.

Schedule 3

Schedule of Externally Restricted Funds
For the Year Ended March 31, 2012

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health - Capital Grants						
Infrastructure	$ 44,484	$ -	$ -		$ -	$ 44,484
VFA Infrastructure	124,057	-	-	-	-	124,057
Safety Lifting	148,460	-	-	-	(34,401)	114,059
Equipment	80,000	-	-	-	(76,547)	3,453
EMS Radio Equipment	20,320	-	-	-	-	20,320
Total	417,321	-	-	-	(110,948)	306,373
Ile a La Crosse Donations	57,505	-	-	-	(50,264)	7,241
Total Externally Restricted Funds	$ 474,826	$ -	$ -	$ -	$ (161,212)	$ 313,614

Schedule 4

Schedule of Internally Restricted Funds
For the Year Ended March 31, 2012

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of year
Future Capital Projects	$ 616,047	$ 2,043	$ 526,670	$ -	$ (5,513)	$ 1,139,247

Keewatin Yatthé Regional Health Authority

Schedule 5(a)

Schedule of Board Member Remuneration
For the Year Ended March 31

	2012							2011
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Chair Person								
Tina Rasmussen	$ 9,400	$ 12,900	$ 6,519	$ 8,112	$ 300	$ 1,444	$ 38,675	$ 30,041
Members								
Gloria Apesis		3,000	2,417	3,696	-	268	9,381	7,405
Elmer Campbell		4,800	2,802	4,521		376	12,499	6,745
Duanne Favel		3,000	2,677	3,933		301	9,911	9,648
Barbara Flett		4,800	2,472	3,896	25	350	11,543	12,344
Robert Woods		600	299	1,318	(75)	95	2,237	11,982
Bruce Ruelling		5,800	4,247	6,739	100	80	16,966	4,814
Kenneth T Iron		5,000	3,479	5,425	50	37	13,991	4,328
Total	$ 9,400	$ 39,900	$ 24,912	$ 37,640	$ -	$ 2,951	$ 115,203	$ 87,307

APPENDICES

ORGANIZATIONAL CHART

April 2012

KYRHA Board Committees

Board of Directors

Executive Support

Chief Executive Officer

Senior Medical Officers

Executive Director Health Services

Executive Director Community Health Development

Executive Director Finance & Infrastructure

Executive Director Corporate Services

- Population Health Services
- Acute Care & Clinical Services
- Emergency Response & Medical Transport

- Community Development
- Mental Health
- Addictions Services

- Finance
- Facilities

- Board Development
- Communications & Information Services
- Human Resources
- Quality Improvement

Sharon Kimbley
Executive Director
(Acting)

Michael Quennell
Executive Director

Edward Harding
Executive Director

Rowena Materne
Executive Director

An **organizational restructure** in February 2012 transferred Information Services responsibilities from Finance and Infrastructure to Corporate Services.

PAYEE DISCLOSURE LIST

Keewatin Yatthé Regional Health Authority
Payee Disclosure List
For the year ended March 31, 2011

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Aguinaldo, Rosalina	$ 145,173
Antony, Linto	80,564
Awula, Lydia	137,903
Ballantyne, Betsy	104,447
Birkham, Joelle	96,095
Brunelle, Elizabeth	151,852
Caisse, Tammy	72,607
Campbell, Deborah	88,833
Chartier, Paul	90,896
Clarke, Cathy M	60,055
Clarke, Crystal	106,189
Clarke, Iris	101,301
Clarke, Jacquelin	86,682
Corrigal, Anna	103,027
Daigneault, Diania	56,163
Daigneault, Lena	52,268
Daigneault, Robert	85,855
Daigneault, Samantha	116,935
Davio, Emily	197,316
Dodds, Angela	51,478
D'souza, Elton	143,579
Durocher, Liz	55,892
Durocher, Marlena	106,958
Durocher, Martin	88,659
Durocher, Peter	107,446
Durocher, Waylon	86,097
Elliott, Hilda	74,893
Ericson, Chelsea	97,123
Favel, Cecile	76,214
Favel, Dennis	55,457
Fontaine, Alicia	58,700
Forde, Maudlin	108,904
Francis, Bibin	97,250
Gardiner, Melanie	93,604
Gardiner, Robert	59,617
Gardiner, Sheri	60,484
Geetha, Rakesh Mo	103,951
Gibbons, Edith	103,474
Gordon, Calla	85,250
Hansen, Cindy	77,811
Hansen, Marlene	77,853
Hansen, Rae-Ann	66,237
Hanson, Brenda	83,527
Harding, Edward	123,071
Herman, Dean	88,485
Herman, Judy	57,171
Herman, Melinda	76,256
Herman, Monique	59,711
Herman, Simone	107,888
Hodgson, Roberta	74,184
Hood, Samantha	75,798
Hurd, Shelly	100,349
Iron, Terrance	92,847
Isravel, Kasthuri	115,992
Janvier, Edwina	56,681
Janvier, Joanne	53,527
Janvier, Kylie	77,395
Janvier, Rita	50,240
Jones, Kalvin	50,876
Jones, Ruby	70,737
Jose, Sunny	96,228
Joseph, Rani	143,128
Kilfoyl, Geordie	71,145
Kimbley, Sharon	126,731
Kissick, Margaret	80,965
Klassen, Terrance	52,326
Klyne, Joseph	65,332
Koskie, Megan	107,170
Kumar, Seema	113,256
Kyplain, Jane	53,077
Lafleur, Leanne	88,972
Lariviere, Ann	134,351
Lemaigre, Antoinett	91,785
Lemaigre, Carol	62,413
Lemaigre, Rosanne	99,107
Listoe, Eileen	115,997

Materne, Rowena	126,452
Mathew, Tom	159,757
Maurice, Judy	66,970
McCallum, Lyndsay	76,522
McDermott, Thomas	74,763
McGaughey, Calvin	90,280
Midgett, Lori	140,346
Montgrand, Glenda	93,671
Montgrand, Louis	67,390
Montgrand, Victorina	74,174
Morin, April	109,751
Morin, Clarissa	54,508
Morin, Darryl	78,705
Morin, Donna	57,863
Morin, Ida	64,786
Morin, Lynn	54,180
Muthiah, Grace	93,566
Nair, Girija	87,929
Octubre, Penafranc	108,086
Onyeneho, Iroegbu	101,299
Paul, Virgil	78,272
Pedersen, Phyllis	102,530
Pelletier, Earl	78,906
Perreault, Armande	93,111
Petit, Melissa	52,748
Petit, Richard	183,144
Piche, Carol	87,915
Rediron, Sandy	130,184
Reigert, Cindy	90,211
Riemer, Ann	79,276
Riemer, Dawnali	78,673
Ronning, Heather	147,612
Roy, Charlene	60,396
Roy, Jocelyn	69,567
Roy, Lorraine	91,479
Savoury, Helen	61,584
Sebastian, Priya	92,778
Seright, David	89,366
Seright-Gardiner, Pearl	128,889
Shatilla, Dennis	72,064
Striker, Bertha	50,674
Taylor, Patricia	186,192
Taylor, Sharon	58,574
Thomas, Asha	73,191
Thompson, Barbara	89,922
Thompson, Marlene	111,044
Toulejour, Justine	55,646
Tschigerl, Carla	59,438
Vandale, Vince	69,764
Varghese, Jisha	144,453
Wallace, Robin	139,315
West, Dale	70,680
Wilkinson, Ryan	86,782
Woods, Doris	68,371

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Prairie North Regional Health Authority	$ 61,802
101134903 Saskatchewan Ltd.	90,693
Campbell, Becky Jo	140,583
Cherry Insurance	106,731
Desmeules, Jean Marc	121,987
Arlene Eckert	162,000
Federated Co-Operatives Ltd.	353,634
Graham Construction & Engineering	84,420
Grand & Toy	66,015
The Great West Life Assurance Co.	107,791
Hospira Healthecare Corp.	71,124
Ile a la Crosse School Division	117,453
Ile a la Crosse Development Corp	78,920
Johnson & Johnson Medical Products	61,895
Labine, Gerald Dr.	165,354
North Sask Laundry	94,905
La Loche Non-Profit Housing Corp	89,344
M.D. Ambulance Care Ltd.	77,730
Mamawetan Churchill River Region	210,772
Marina Development Northwest Ltd.	149,500
Marsh Canada Limited	56,857
McKesson Distribution Partners	51,915
McKesson Canada	157,954.94
Meadow Lake Tribal Council	152,525
Muench, Lyla	140,674
Bayshore Home Health	63,026
Public Employees Pension Plan	65,137
Piche's Security	128,287
The Receiver General for Canada	5,109,876
The Receiver General for Canada	183,641
3S Health - Core Dental Plan	169,373.56
3S Health - Disability Income Plan	140,472
3S Health - I/S En Dental Ex Health Plan	337,334
3S Health	79,694
Schaan Healthcare Products	180,793
Sysco Serca Food Services Inc	229,044
SGEU - Ltd.	79,684
SGEU	112,933
Sask. Healthcare Employees Pension	1,810,990
SaskPower	154,972
SaskTel	149,720
The Minister of Finance	253,308
The Minister of Finance	426,797
SUN	57,961
The North West Company	77,625
Saskatchewan Workers' Compensation Board	365,993